

## Credit Application

Business Name		Telephone Number	
Billing Address	City	State	Zip Code
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship		Fax Number	

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Tax Exempt:  Yes  No  
(If Yes, enclosed certificate must be completed)

Tax Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are Purchase Orders Required:  Yes  No \*Amount of Credit Requested: \$ \_\_\_\_\_

### Owners and/or Officers

1) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Bank References

Bank Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Acct. Number: \_\_\_\_\_ Savings Acct. Number: \_\_\_\_\_

Officer to Contact: \_\_\_\_\_

\*Estimate for a 30-day period

**Trade References**

1) Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Terms and Conditions of Sale**

All invoices are due in full on the 10th of the month following billing. An additional 1.5% per month interest charge may be charged to all accounts not paid within 30 days after the due date, and continuing each month until paid. No terms or conditions of purchase orders different from the terms of Creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Creditor. No items will be accepted for return without prior approval. Payments may be applied as against open charges at the discretion of Creditor. In the event of default, the undersigned agrees to pay all costs of collection and attorneys fees, together with cost of court. All payments are payable in Salt Lake County, Utah. No terms or conditions hereof may be changed except by written consent of Pilkington Metal Finishing.

I/We understand, acknowledge, and accept Pilkington Metal Finishing terms of sale and certify that the information given herein is true and correct.

I/We hereby authorize you or your agent/representative to secure a credit report and agree to the release of credit information. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

Company Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In consideration of Pilkington Metal Finishing extending credit hereunder, the undersigned jointly and severally, and unconditionally guarantee and promise to pay to the order of Pilkington Metal Finishing, on demand, any and all obligations of the above named applicant to Pilkington Metal Finishing. This is a continuing guarantee, and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between Pilkington Metal Finishing, and the above named applicant save that of payment.

I/We hereby authorize you or your agent/representative to secure a credit report and agree to the release of credit information. This authorization shall be continuing without exception and a photocopy or fax copy shall be given the same effect as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

