



**Credit Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Type of Business (If Applicable) [ ] Sole Owner [ ] Partnership [ ] Corporation  
 Years Under This Name: \_\_\_\_\_ Previous Trade Names (And Dates If Applicable): \_\_\_\_\_

**\*If Tax Exempt, please enclose/fax a copy of tax exemption certificate\***

**Name & Title of Principle Owners:**

Officer/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 Officer/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

**Financial Information & References**

Bank: \_\_\_\_\_ Account#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1) Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax # \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax # \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax # \_\_\_\_\_

4) Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax # \_\_\_\_\_

**\*\*\* IMPORTANT Alderfer Glass Co. Inc. needs fax numbers for your references! \*\*\***

**Hereby applies for credit in accordance with the terms and conditions of:**

All Transactions Net 30 Days. A 1.5% (18% Annual) finance charge added to all past due invoices.  
Prices Subject to Change Without Notice

Credit suspended when acct. reaches credit limit or past 30 days without notification

In the event that ALDERFER GLASS CO. Inc. must enforce payment, it will be entitled to attorney fees, court costs and the finance charges accrued at 1.5% per month on accounts due.

I authorize my banking/credit agency to release my credit information for purposes of ALDERFER GLASS CO. Inc. account.

**\*\*\*Company information will be held in strictest confidence\*\*\***

**I/We certify that all the information on this form is correct. We fully understand the above credit terms and agree to unconditionally, in consideration of extended credit by Alderfer Glass Co. Inc., personally guarantee payment of indebtedness and/or credit balance of the within named firm.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Credit Requested: \$ \_\_\_\_\_

**144 Telford Pike ■ Po Box 70 ■ Telford PA 18969-0070 ■ Ph (215) 723-1192 ■ Fax (215) 723-3980**  
 Auto Glass ■ Plate Glass ■ Mirrors ■ Thermopane ■ Shower Enclosures ■ Storm Doors ■ Windows ■ Store Fronts