

GLAZING RUBBER PRODUCTS, INC.
Customer Credit Application

Company Name _____

Billing Address:

Shipping Address:

Street Address

Street address

City State Zip Code

City State Zip Code

Phone #

Fax No.

Is this a Residential Address? ___ Yes ___ No

Is this a Residential Address? ___ Yes ___ No

E-Mail Address for Accounts Payable: _____

Website Address: _____

Company Contacts:

Key Contact: _____

President: _____

Vice-President: _____

Purchasing Agent: _____

Tax ID Number: _____

Note: We are registered with the State of GA Sales & Use Tax Dept. only. We are NOT authorized to collect Sales & Use Tax in any other state. You must report any tax owing to your state.

Bank Reference:

Name of Bank: _____ Acct. No.: _____

Address: _____

Street Address City State Zip Code

Contact: _____ Phone No.: _____

Trade References (list three):

	Reference #1	Reference #2	Reference #3
Company Name			
Street Address			
City, State Zip			
Phone #	#	#	#
Fax #	F#	F#	F#

FOR GLAZING RUBBER PRODUCTS, INC. INTERNAL USE ONLY

Approval: _____
 Name Title Date

Terms: Net 30 day account

Authorized Credit Limit: \$ _____