

LLOYD'S GLASS  
**COMMERCIAL CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

1. I warrant and confirm that the information given herein is true and correct and I understand clearly that it is being used to determine my credit responsibility. You are authorized to obtain information you may require relative to this application from any sources to which you may apply and each such source is hereby authorized to provide you with such information.
2. Please read the **Terms and Conditions of Sale** as attached. If this credit application is approved, I (we) agree to pay the account, in full, net 30 days from date of invoice. I (we) agree to pay a late penalty of 2% per month (24% per annum) on any account balance not paid in accordance with this agreement.

SIGNATURES

Title: Date:	Title: Date:
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