

BRIN

GLASS COMPANY

CREDIT APPLICATIONDATE _____
ACCOUNT# _____

CHECK ONE: _____ NEW ACCOUNT _____ CHANGE _____ UPDATE

 BRIN CONTRACT GLAZING **NORTHWESTERN**
GLASS FAB **BRIN** GLASS SERVICE

COMPANY NAME: _____ DBA: _____

STREET ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ FAX: _____

COMPANY IS A: CORPORATION PARTNERSHIP PROPRIETORSHIP GOV'T OTHER

FED ID _____ STATE ID _____ # YEARS IN BUSINESS: _____

TAX EXEMPTION NO YES - ID# _____ PO REQUIRED? NO YES

PERSONS AUTHORIZED ON ACCOUNT _____

COMPANY DIRECTORS/OFFICERS/PRINCIPAL

NAME 1: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

NAME 2: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

BANKING DETAILS

BANK NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

BANK CONTACT NAME: _____ PHONE: _____

TRADE REFERENCES

VENDOR 1: _____ CONTACT: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

VENDOR 2: _____ CONTACT: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

VENDOR 3: _____ CONTACT: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

VENDOR 4: _____ CONTACT: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

CONDITIONS (TERMS ARE NET 30 DAYS UPON CREDIT APPROVAL)

We welcome all established companies and/or corporations to apply for credit with Brin Contract Glazing, Brin Service and Northwestern Glass Fab. We ask that you read the following terms we have outlined and sign below. You are also agreeing with your signature for all credit references to be fully checked for verifications.

All charge purchases are due with in (30) days following the billing date as shown on the invoice. This credit is offered as a convenience that will allow our customers to make one payment for all charge purchases made during the previous month. This credit is not a monthly payment plan or a revolving type credit plan. All accounts will receive a monthly statement. This is offered as a convenience to balance the customer's account. It is not issued as a final billing.

Finance charges are computed by a periodic rate of 1 ½ % per month, which is an annual percentage rate of 16.5% beginning 60 days from date of invoice. This finance charge will be applied on any unpaid balance after deduction of payments, credits and allowances from the period billing at the end of each month. While a finance charge is added to an account if balance is not paid within (60) days, such extensions of credit are not encouraged. To avoid these finance charges and to comply with the Brin Glass Company's credit policy, the balance must be paid in full within (60) days.

The undersigned agrees to pay all costs, expenses and attorney fees incurred by Brin Glass Company in connection with this credit extension that may be incurred as a result of legal action commenced to recover any proceeds owed pursuant to this agreement.

Brin Glass Company may at any time with or without cause, terminate the right to extend credit to any and all accounts.

In all phases of its activities, the credit department shall maintain a positive approach to the fulfillment of beneficial company and customer relations.

I (We) certify that the above information is true to the best of my (our) knowledge. I (We) have read the terms and conditions on above and agree to comply with all credit terms of Brin Glass Company.

In consideration of Brin Glass Company selling to my (our) firm or company on your credit policy terms, I (We) agree to the above regarding charge purchases.

APPLICANT'S NAME: _____ TITLE: _____

DATE: _____ APPLICANT'S SIGNATURE: _____

FOR PROPRIETORS, PARTNERS, S-CORPORATIONS IN THE U.S.

I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT ON MY CREDIT HISTORY.

DATE: _____ APPLICANT'S SIGNATURE: _____

PERSONAL GUARANTEE

For valuable consideration and in consideration of the extension of credit to the foregoing applicant, the undersigned absolutely and unconditionally guarantees to Brin Glass Company the full and prompt payment when due of any and all indebtedness, obligations and liabilities of the applicant. The undersigned waives presentment, demand for payment, notice of dishonor, notice of nonpayment, and protest of any instrument evidencing the indebtedness. The undersigned further agrees to pay reasonable attorney fees and other cost incurred in collection of this account.

GUARANTOR'S NAME: _____ SIGNATURE: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

DATE: _____ TAX I.D. OR S.S. NO: _____

GUARANTOR'S NAME: _____ SIGNATURE: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

DATE: _____ TAX I.D. OR S.S. NO: _____