



GLASS PRODUCTS CREDIT APPLICATION

Legal Name of Company: _____

Trade Name (if different): _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Owner Name: _____ Contact: _____

HST #: _____ *Accountable Executive _____ A/E Phone: _____

A/P Contact _____ A/P Email: _____ A/P Phone: _____

Bank Name and Add: _____ Telephone: _____

Contact: _____ Transit & Account #: _____

Credit Limit Request: \$ _____

Trade References:

(1) Company Name: _____ Contact: _____

Telephone Number: _____ Email: _____

(2) Company Name: _____ Contact: _____

Telephone Number: _____ Email: _____

(3) Company Name: _____ Contact: _____

Telephone Number: _____ Email: _____

I/we certify that all information in this application is true and complete and understand that it will be used by Accurate Glass Products Inc. in determining our credit worthiness. I/we agree that Accurate Glass Products Inc. may give to, receive from, share and/or exchange credit information with others including financial institutions, credit bureaus and persons whom we have or may have financial dealings with.

I/we are financially able to meet any commitments made and will pay all invoices according to terms specified. I/we understand that all invoices are due and payable in full Net 30 days from the date of invoice and are subject to a penalty of 2% interest per month thereafter.

The undersigned further agrees that all goods sold to the undersigned will remain the property of Accurate Glass and Mirror until paid in full.

Signature: _____ Title: _____ Date: _____

27-21 Patterson Road Barrie Ontario L4N 7W6 705-722-6767
order@accurateglassproducts.com

