



790 W 12th St. LongBeach, CA 90813
562-983-1374 | wsglass.com

CREDIT APPLICATION

Please complete in FULL for faster processing.

Date: _____ Credit Amount Requested: \$ _____

COMPANY INFORMATION

Company Name: _____

Phone: _____ Email: _____

Billing Address: _____

City, State, Zip: _____

How Long Has Company Been in Operation? _____

Is Business a (check one)? Corporation/LLC Partnership Sole Proprietorship

COMPANY PRINCIPALS

List Names, Positions, Home Addresses, and Phone Numbers of Principals of Company:

1. _____

2. _____

3. _____

BANK INFORMATION

The following credit information may be provided in a separate document on company letterhead.

Bank Name: _____

Bank Address: _____

Bank City, State, Zip: _____

Bank Phone Number: _____

Bank Account Number: _____

TRADE REFERENCES

List Three Trade References in which Credit has been Established:

Business Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Business Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Business Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

TERMS OF AGREEMENT

The undersigned expressly agrees to make payment in full to WESTERN STATES GLASS for all purchases in accordance with terms of sale.

Should the undersigned default in any such payment, the undersigned agrees to pay a late service charge on any amounts in default at the maximum rate permitted by law and, at the option of WESTERN STATES GLASS all amounts owed by the undersigned shall become immediately due and payable without further demand or notice.

The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by WESTERN STATES GLASS in the collection of any obligation of the undersigned pursuant hereto. This agreement shall become effective when accepted by an authorized WESTERN STATES GLASS representative. The undersigned shall not transfer or assign this agreement without expressed prior consent of WESTERN STATES GLASS.

Company: _____

Signature: _____

Title: _____ Date: _____

————— Please return to Western States Glass via FAX 562-590-9981 or via EMAIL to heather@wsglass.com —————