



## Application for Credit Account

Business Name		Phone:		Fax:	
Street Address			State		Zip
Mailing Address:					
Fed. ID#			Business Tax Number:		
Proprietorship      Partnership      Corporation      Others Please explain _____ Please provide copy of driver license for Proprietorship and Partnership					
Tax Charged      Yes      No If tax exempt, must provide an appropriate certificate					
If a subsidiary, name and Address of parent company					
If a Corporation, under what state law are incorporated?					
Full Name and title of officers for corporation OR full name, address and SS# for Proprietorship/Partnership					
1.				Soc. Sec#	
2.					
3.					
4.					
5.					
Former Business/Occupation			Type of present business		
Date business started			Annual glass purchase from all sources		
Will financial statement be furnished upon request?    Yes      No					
Estimated monthly purchase of product(s) from Low Price Auto Glass, Inc?					
Estimated line of credits (limit) require					
Bank Reference			Lending Officer		
Street Address			Account number (s)		
City		State		Zip	
				Phone	
Trade References:					
_____					
_____					
_____					

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