

CREDIT APPLICATION

Please email this form to: accounts@fmfglasshardware.com

Please fill out this form, sign it using the signature box below and submit.

Date of Application

Business Name

Complete Address

Telephone Number Email

How Long Has Business Been in Operation? Will Company Accept Back Orders? Yes No

Name of Owner (or Officers if corporated)

PLEASE CHECK ONE BOX
 Sole Proprietorship
 Partnership
 Corporation

Bank Name & Address

Bank Phone No. Bank Acc't No.

Name and Account Numbers of Current Suppliers

1. Name of Supplier	<input type="text"/>	2. Name of Supplier	<input type="text"/>
Account #	<input type="text"/>	Account #	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

The undersigned expressly agrees to make payment in full to FMF Glass Hardware for all purchases in accordance with the terms of the sale.

It is agreed that My/Our account may become Credit Card (without being notified) if I/We fail to pay within the stated terms. 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 permitted by law. This agreement shall become effective when accepted by an authorized FMF Glass Hardware representative. The undersigned hereby authorizes the above mentioned banks and business references to release the information requested by FMF Hardware.

Form Completed By
Title
Telephone
Email

I warrant that the foregoing information is true and correct and realize it will be relied upon in the granting of future credit.

AUTHORIZED SIGNATURE