

LLOYD'S GLASS
COMMERCIAL CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Prov:

Postal:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

Prov:

Postal:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

Prov:

Postal:

Type of account:

Account number:

Savings

Chequing

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Prov:

Postal:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Prov:

Postal:

Phone:

Fax:

E-mail:

AGREEMENT

1. I warrant and confirm that the information given herein is true and correct and I understand clearly that it is being used to determine my credit responsibility. You are authorized to obtain information you may require relative to this application from any sources to which you may apply and each such source is hereby authorized to provide you with such information.
2. Please read the **Terms and Conditions of Sale** as attached. If this credit application is approved, I (we) agree to pay the account, in full, net 30 days from date of invoice. I (we) agree to pay a late penalty of 2% per month (24% per annum) on any account balance not paid in accordance with this agreement.

SIGNATURES

Title:

Date:

Title:

Date: