



Corporate Office  
2207 E Elvira Rd  
Tucson, AZ 85756  
Ph. 520.629.0268  
Fax. 520.629.8811  
e-mail: alex@glaztech.com

## COMMERCIAL CREDIT APPLICATION

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### APPLICATION INFORMATION

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Sole Proprietorship [ ] \_\_\_\_\_  
SS Number

Partnership [ ] \_\_\_\_\_  
SS Numbers

Corporation [ ] \_\_\_\_\_  
Fed Tax ID

\_\_\_\_\_ State Tax Number

Government Agency [ ]: \_\_\_\_\_

Resale Number : \_\_\_\_\_

Number of Years in Business : \_\_\_\_\_

Contractors License Number : \_\_\_\_\_

Purchase Order or Work Order Number Required [ ] YES [ ] NO

Accounts Payable e-mail address : \_\_\_\_\_

Customer Service Rep. e-mail address : \_\_\_\_\_

**OWNERSHIP INFORMATION**

Name of Owner : \_\_\_\_\_

Phone : \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Owner : \_\_\_\_\_

Phone : \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TRADE REFERENCE**

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email : \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email : \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email : \_\_\_\_\_

**BANK REFERENCE**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Customer Type: \_\_\_\_\_ Account: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

I / We understand and agree to the following:

1. The above information is for the purpose of obtaining credit and is warranted to be true. I / We hereby authorize GLAZ-TECH INDUSTRIES, INC. To investigate the references listed pertaining to my / our credit and financial responsibility. I / We also authorize the above named bank to release credit & financial information to GLAZ-TECH INDUSTRIES, INC.
2. Total amount is due and payable on a Net 30th basis.
3. A delinquency charge of 1.5% per month (18% per annum) may be added to any past due balance.
4. Credit will be suspended for delinquent account.
5. Should the account be placed for collection with an outside agency, GLAZ-TECH INDUSTRIES, INC. shall be entitled to their reasonable collection and/or legal expenses. This agreement and subsequent purchases orders shall be construed in accordance with the laws of the State of Arizona. Any actions brought concerning or relative to any dispute arising from a purchase order or shipment of material shall be brought in Pima County, Arizona.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

The Undersigned jointly and personally guarantee the payment of all amounts set forth above.

Applicant \_\_\_\_\_ Spouse \_\_\_\_\_

Applicant \_\_\_\_\_ Spouse \_\_\_\_\_



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## BANK AUTHORIZATION FORM

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Date: \_\_\_\_\_

Dear Sir or Madam :

For the purpose of obtaining a credit rating your bank requires a written authorization from you. Please fill out the form completely, sign and fax back to our office along with the attached credit application at your earliest convenience.

Banking Institution : \_\_\_\_\_ City & State : \_\_\_\_\_

Bank Account # : \_\_\_\_\_ Contact : \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Authorized Signature : \_\_\_\_\_

Company Name : \_\_\_\_\_ Title : \_\_\_\_\_