

**COMMERCIAL
DOOR
MANUFACTURING**

2914 GIRARD BLVD N.E.
ALBUQUERQUE, NM 87107
PHONE: 505-881-1034
FAX: 505-884-1484

APPLICATION FOR CREDIT

FIRM NAME: _____ TELEPHONE: () _____

D.B.A: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE CHECK ONE:

INDIVIDUAL PARTNERSHIP CORPORATION FED TAX # _____

CONTRACTORS LICENSE NO. _____

TYPE OF BUSINESS: _____

LENGTH OF EXISTENCE: _____

PRESIDENT'S NAME: _____ TELEPHONE: () _____

YEARS IN BUSINESS: _____

VICE PRESIDENT'S NAME: _____ TELEPHONE: () _____

AUTHORIZED BUYERS: _____

PERSON IN CHARGE OF PAYABLES: _____

BANK REFERENCES:

NAME: _____ TYPE OF ACCT: _____ TELEPHONE: () _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME: _____ TYPE OF ACCT: _____ TELEPHONE: () _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REFERENCES: (GIVE NAMES OF THOSE YOU BUY FROM ON CREDIT TERMS ONLY)

TRADE: _____ FAX NUMBER ONLY : (____) _____
ADDRESS: _____ CONTACT: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TRADE: _____ FAX NUMBER ONLY : (____) _____
ADDRESS: _____ CONTACT: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TRADE: _____ FAX NUMBER ONLY : (____) _____
ADDRESS: _____ CONTACT: _____
CITY: _____ STATE: _____ ZIP CODE: _____

HOW DO YOU NORMALLY PAY YOUR TRADE BILLS?

_____ DISCOUNT 30 DAYS 60 DAYS 90 DAYS _____ OTHER

CREDIT LINE REQUIRED:

\$500 \$1,000 \$2,000 \$5,000 _____ OPEN

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE COMMERCIAL DOOR MANUFACTURING TO MAKE THE INQUIRIES TO THE ABOVE REFERENCES FOR THE PURPOSE OF DETERMINING CREDIT WORTHINESS AND RELIABILITY. I AGREE TO PAY ALL BILLS WHEN DUE, INCLUDING REASONABLE COLLECTION ATTORNEY'S FEES IF COLLECTION ACTION IS REQUIRED. I AGREE TO ABIDE BY THE COMMERCIAL DOOR MANUFACTURING CREDIT TERMS NOTED ON INVOICE.

SIGNATURE OF PROPRIETOR OR PARTNERS OR AUTHORIZED AGENT TITLE DATE

IN CONSIDERATION FOR THE CREDIT EXTENDED TO _____, IN THE FORM OF AN OPEN ACCOUNT BY COMMERCIAL DOOR MANUFACTURING I DO HEREBY PERSONALLY GUARANTEE TO PAY UPON DEMAND ALL SUMS DUE FOR PURCHASE MADE BY _____, INCLUDING THE BALANCE INTEREST ACCRUED ON SAID BALANCE AT 1.5% PER MONTH AND ANY COLLECTION COSTS INCURRED WHICH INCLUDES ATTORNEY'S FEES.

SIGNATURE _____ DATE

PLEASE TYPE OR PRINT NAME SIGNED ABOVE

FOR CREDIT DEPARTMENT USE ONLY

CREDIT APPROVAL:

_____ APPROVED CREDIT LIMIT: _____ DATE: _____

_____ REJECTED REASON: _____ DATE: _____

BY: _____