



APPLICATION FOR CREDIT

Please complete the entire application; any ineligible or incomplete information will cause a delay in processing this application. You will be notified via mail of your credit terms once your application has been processed. A copy may be faxed to us to initiate approval, but please return the original copy by mail. Thank you.

Company Name: _____

Billing Address: _____

Shipping Address: _____

Business Telephone: ____ - ____ - ____ **Business Fax:** ____ - ____ - ____

Business Hours: _____ **E-mail Address:** _____

Has your company ever filed bankruptcy: YES NO **Number of Employees:** _____

Federal Tax ID: _____ **Amount of credit requested:** \$ _____

Type of Business: Service Retail Distributor **Gross Annual Sales:** \$ _____

Type of Ownership: Sole Proprietorship Partnership Corporation **Years in Business:** _____

Name of Corporation: _____

Owner/Principle Shareholder: _____ **SSN:** _____

Home Address: _____

Home Telephone: ____ - ____ - ____ **Years with Company:** _____

Co-Owner Owner/Partner: _____ **SSN:** _____

Home Address: _____

Home Telephone: ____ - ____ - ____ **Years with Company:** _____

Please list ALL of your company's authorized person(s) for order placement:

(1) _____ (2) _____ (3) _____

Please list ALL of your company's authorized accounts payable person(s):

(2) _____ (2) _____ (3) _____

Bank Reference: _____

Bank Address: _____

Bank Telephone: ____ - ____ - ____ **Bank Fax:** ____ - ____ - ____

Account Number(s): _____

Personal account _____ **Commercial account** _____



Trade References: (Three Required)

Company Name: _____
Address: _____
Business Telephone: _____ - _____ - _____ Business Fax: _____ - _____ - _____
Account Number: _____ Years account open: _____

Company Name: _____
Address: _____
Business Telephone: _____ - _____ - _____ Business Fax: _____ - _____ - _____
Account Number: _____ Years account open: _____

Company Name: _____
Address: _____
Business Telephone: _____ - _____ - _____ Business Fax: _____ - _____ - _____
Account Number: _____ Years account open: _____

Personal Guarantee

Signatures of Owner(s)/Principle Shareholders(s), if more than one, are required to obtain credit.

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, all of the accounts of the company seeking credit. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice or extension of credit, presentment or demand for payment, and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Guarantor Signature: _____ **Guarantor Signature:** _____

Print Name: _____ **Print Name:** _____

Title: _____ **Title:** _____

Date: _____ **Date:** _____

The signatures below are authorized for the release of account information for purposes for credit confirmation and are required for credit with National Chimney Supply / DBA Natural Light Tubular Skylight.

Outstanding balances are subjected to 1.5% interest. The undersigned authorizes all banks, persons, and companies listed on this application to furnish information and authorize the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent accounts.

Owner/Principle Shareholder's printed Name: _____

Owner/Principle Shareholder's Signature: _____

Title: _____ **Date:** _____