

GOGLOSS & ACCESSORIES – PH(519)463-6038 FAX(519)463-5940
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Province:	Postal Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	Province:	Postal Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:	Phone:	
City:	Province:	Postal Code:
Type of account	Account number	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Type of account:		

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. We reserve the right to deny or allow credit at any time.
3. By submitting this application, you authorize Go!Glass and Accessories to make inquiries into the banking and business/trade references that you have supplied.
4. All outstanding accounts are subject to a interest charge of 28% per annum.

SIGNATURES

Title: Date: Print Name: Signature:	Title: Date: Print Name: Signature:
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