

CREDIT APPLICATION

His Glassworks, Inc.
91 Webb Cove Rd.
Asheville, NC 28804
ph. (828) 254-2559; fax (828) 254-2581

General Information

Business Name _____ Phone _____ Fax _____
Billing Address _____ City _____ State _____ Zip _____
Shipping Address _____ City _____ State _____ Zip _____
Type of Business _____ Years in Business _____
Owner's Name _____ Email _____
Purchasing Contact _____ A/P contact _____

Bank Information

Bank Name _____ City/Branch _____
Phone _____ Fax _____ Contact _____

Trade References * (3 Required)

Name _____ Account # _____ Phone _____
City _____ State _____ Zip _____ Fax _____

Name _____ Account # _____ Phone _____
City _____ State _____ Zip _____ Fax _____

Name _____ Account # _____ Phone _____
City _____ State _____ Zip _____ Fax _____

* References must be businesses with whom you currently do business, and with whom you have dealt for at least one year on a credit terms basis. They also must be located within the United States.

I understand that His Glassworks, Inc. extends Net 30 credit terms only to accounts with a satisfactory credit rating, and that this extension of credit may be changed or withdrawn at any time. I assure that my payment will be received in full by His Glassworks, Inc. within 30 days from the date of invoice. I understand that my account will accrue finance charges at the rate of 1.5% for each month that my payment is overdue.

Signature

Date