Etched Glass Doors Fl <u>EGDflorida@gmail.com</u> (813) 820-0099

Please Print Legibly

Dealer Credit Application	
Date	

Company Name: Address : Circle one: Corp Propritorship Partnership LLC Operating under the laws of the State of		Ph:		
		Mobile:		
		Email: Fed I.D. # Tax Exemp#		
				Owners (or stockholders) and Offic Name
	Wholesale			
Who/what is your typical customer Principal Supplier References: Business Name	?	<u>Fax#</u>	<u>City / State</u>	
I hereby certify that the information on this	credit application is correct. I und sosits. I agree that payment will be	made according to these terms. In t	livery within credit limits extended to dealer. he event we fail to make payment when due	
The undersigned agrees that credit inquiries consents to the disclosure of such informatic	my be made on the company and	it's officers at any time in connection	n with the credit hereby applied for and	
Signature	Title			
	<u>Personal</u>	Guarantee		
	equire a lesser charge), all collection connection with the credit.		payments of sales, including service charges at the rate ey's fees, or any are incurred and agree that personal Date	
1. Signed				
PRINT		_		
2. Signed				
PRINT				