



WindowTex
www.windowtex.com

7 Roselle Street – Mineola, NY 11501
PH 516-294-3580 – FX 516-294-0444

Commercial Credit Application

Terms Requested: <input type="checkbox"/> Open Account <input type="checkbox"/> COD <input type="checkbox"/> Proforma <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		Date: / /
We generally pay our bills in days	Self Rate Credit (circle one, 1 = excellent - 5 = poor): 1 2 3 4 5	
Amount of credit requested \$	Explain Self Rate Credit:	

Business Name:	Years in Business:	Premises are: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased		
Billing Address:	City:	State:	Zip:	
Phone:	Fax:	Email:		
Shipping Address (if different from above):	City:	State:	Zip:	

Accounts Payable Contact (First & Last Name):	Phone:	Business operated from: <input type="checkbox"/> Commercial Location <input type="checkbox"/> Home Based		
Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Tax ID & State or SS# & Driver's License #:	Resale # (attach):		

Name of Owner or Officer:	Title:	Phone:		
Address:	City:	State:	Zip:	
Name of Owner or Officer:	Title:	Phone:		
Address:	City:	State:	Zip:	

Bank Name:	Contact Name:	Bank Phone:	Bank Fax:	
Bank Address:	City:	State:	Zip:	
Checking Account Number:	Savings Account Number:			

Trade Reference (1):	Contact:	Phone:	Account #:	
Address:	City:	State:	Zip:	
Trade Reference (2):	Contact:	Phone:	Account #:	
Address:	City:	State:	Zip:	
Trade Reference (3):	Contact:	Phone:	Account #:	
Address:	City:	State:	Zip:	

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE OUR BANK AND THE TRADE REFERENCES TO RELEASE ANY INFORMATION REQUESTED BY WINDOWTEX FOR THE PURPOSES OF OBTAINING CREDIT. ALSO, I GIVE CONSENT FOR MY BANK TO GIVE A BANK RATING ON MY ACCOUNT. IT IS AGREED THAT WINDOWTEX TERMS OF SALE ARE UNDERSTOOD AND WILL BE MET. IT IS FURTHER UNDERSTOOD AND AGREED THAT IN THE EVENT ANY CHANGES ARE NOT PAID WHEN DUE, THE APPLICANT WILL PAY COSTS OF COLLECTION, INCLUDING BUT NOT LIMITED TO COST/EXPENSE INCURRED BY WINDOWTEX EMPLOYEES, REASONABLE ATTORNEY'S FEES, COURT COSTS AND SERVICE CHARGE OF 1.5% PER MONTH.

PARTIES AGREE THAT IN THE EVENT OF ANY SUIT OR ACTION IS BOUGHT TO ENFORCE ANY PART OF THE TERMS IF SALE OR TO COLLECT MONEY DUE THE JURISDICTION OF THE NEW YORK STATE COURTS AND VENUE OF SAID WILL BE IN MINEOLA, NY.

I ACKNOWLEDGE THAT IN THE EVENT MERCHANDISE IS RETURNED TO WINDOWTEX WITHOUT AUTHORIZATION, OR DELIVERY REFUSED, WE RELINQUISH ALL RIGHTS AND CLAIMS TO THE MERCHANDISE AND WILL BE RESPONSIBLE FOR ITS INVOICED VALUE.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature (Authorized signature on file at bank)	Date

Fax application to 516-294-0444 or visit www.windowtex.com/credit/
We look forward to serving your account!