

Please Fill In Application Completely

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Type of Business _____ How Long _____

Taxable _____ Resale # Fax Singed Resale Card Contract Lic # _____

Circle One of the Following **Corporation Partnership Sole Proprietor**

Term Request _____ Credit Limit Request (Dollar Amount) _____

OFFICERS OF FIRM

1. _____ Position _____

2. _____ Position _____

Authority To Sign Checks _____ D.L. # _____

BANK REFERENCES

Bank _____ Branch _____

Phone# _____ Acct. # _____

CREDIT REFERNECES

1. Name _____ Phone _____

Address _____ Fax _____

2. Name _____ Phone _____

Address _____ Fax _____

3. Name _____ Phone _____

Address _____ Fax _____

I HERE BY CERTIFY THAT THE INFORMATION IN THIS CREDIT APPLICATION IS TRUE AND CORRECT. THIS INFORMATION INCLUDED IN THIS CREDIT APPLICATION IS FOR USE BY PRL GLASS SYSTEMS INC. IN DETERMINING THE AMOUNT AND CONDITIONS OF CREDIT TO BE EXTENDED. FURTHER I HERE BY AUTHORIZE THE BAN AND TRADE REFERENCES LISTED IN THIS CREDIT APPLICATION TO RELEASE THE INFORMATION NECESSARY TO ASSIST PRL GLASS SYSTEMS INC. IN ESTABLISHING A LINE OF CREDIT.

Sign _____ **Date** _____

By _____