



1555 COPPERHILL PARKWAY
SANTA ROSA, CA 95403

PHONE: 707-523-2050

sales@westernfg.com

APPLICATION FOR CREDIT

**IMPORTANT: PLEASE FILL OUT COMPLETELY.
YOUR APPLICATION WILL BE RETURNED IF INFORMATION IS INCOMPLETE.**

FIRM NAME _____

PHYSICAL ADDRESS _____

P.O. BOX ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ - _____ FAX () _____ - _____

E-MAIL ADDRESS _____

NO. OF YEARS AT PRESENT ADDRESS _____ TYPE OF BUSINESS _____

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

Name, Address, and Social Security Number of Individual, or Corporate Officers:

NAME	TITLE	ADDRESS	SS NO.

Amount of credit desired \$ _____ Is purchase order required? YES _____ NO _____

PERSON TO CONTACT FOR ACCOUNTING COMMUNICATIONS:

NAME _____ PHONE# _____ EXT. _____

If you wish to restrict the use of this charge account, please attach a list of all authorized employees.

TRADE REFERENCES-List Active Accounts Only:

NAME	ADDRESS	PHONE & FAX NO.
1. _____		
2. _____		
3. _____		
4. _____		

BANK REFERENCES

NAME _____ PHONE & FAX # _____

ADDRESS _____

CONTACT _____ ACCOUNT # _____

NAME _____ PHONE & FAX # _____

ADDRESS _____

CONTACT _____ ACCOUNT # _____

I authorize the above banks to release information concerning my account to WESTERN FIBERGLASS, INC. for the purpose of obtaining credit.

SIGNATURE _____ DATE _____

CONFIDENTIAL ACCOUNT AGREEMENT: For the purpose of charging supplies from WESTERN FIBERGLASS, INC., the following statements are made knowing that WESTERN FIBERGLASS, INC. is relying upon the same, should credit be extended. It is further understood that all information supplied for the purpose of obtaining an open account will be verified and shall be regarded as continuous until another is substituted for it and the firm listed below agrees to inform WESTERN FIBERGLASS, INC. of any material change in their financial status. By affixing the signature below, the undersigned (or if a corporation, the corporate-authorized officers/agents) agree:

1. The foregoing is accurate.
2. To pay when due, all invoices from WESTERN FIBERGLASS, INC.
3. To pay on all delinquent payments a penalty, as allowed by law, not to exceed 1.5% per month.
4. WESTERN FIBERGLASS, INC. in the event of litigation arising out of this agreement, shall be entitled to their attorney costs and expenses incurred including attorney fees.

FIRM NAME _____

OWNER OR OFFICER'S SIGNATURE	TITLE	DATE
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PERSONAL GUARANTEE:

I personally guarantee payment of any and all indebtedness of the above account, and agree to be bound by the above terms and conditions.

SIGNATURE	TITLE	DATE
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SIGNATURE	TITLE	DATE
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