



CREDIT APPLICATION

20775 Chesley Drive • Farmington, MI, 48336 • Phone: 248-478-7788 • Fax: 248-426-1293

Business Name _____ Line of Credit Requested _____

Phone () _____ Fax () _____ Cell () _____

Address _____ City _____ State _____ Zip _____

Shipping Address _____

DBA _____ Federal Tax ID # _____

Former Business Address (If applicable) _____

Type of Business _____ Date Established _____ Years at current address _____

Builders License # _____ Name of License _____

Ownership: _____ Sole Proprietorship _____ Partnership _____ Corporation

Principle: _____

NAME	TITLE	SS#	
ADDRESS	CITY	STATE	ZIP

Principle: _____

NAME	TITLE	SS#	
ADDRESS	CITY	STATE	ZIP

Has the firm or any of it's principles ever been bankrupt? Yes No
If yes, please explain _____

Name of person responsible for paying invoices _____ Title _____ Telephone # _____

Charge Tax? Yes No Sales Tax Number _____

TRADE REFERENCES: Provide at least 3

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

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

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

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

BANKING INFORMATION

Name _____ Phone # _____ Fax _____

Address _____ Acc't # _____

Name _____ Phone # _____ Fax _____

Address _____ Acc't # _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

Any claims of errors or discrepancy in the billings must be submitted to our office in writing within 15 days of receiving this bill, otherwise, all such objections are deemed waived and the account will become as stated.

OUR TERMS ARE NET 10 DAYS.

In consideration for the extension of credit, said business promises to pay for all purchases within terms and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all amounts not paid by the 25th of the month following invoice date. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation had commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business

Print Name Title Signature

Print Name Title Signature

Should the account become delinquent, the undersigned personally guarantees payment of the account balance to Weather King Windows & Doors, Inc., plus the interest and other charges referred to in the application including reasonable attorney fees. This is a guarantee of payment. The guarantee is personal in nature and the undersigned acknowledges personal liability and consents to having a credit report pulled. All partners or officers of business should sign and be bound personally.

Printed Name Social Security # Address street
city state zip

Signature Date Home Phone #

Printed Name Social Security # Address street
city state zip

Signature Date Home Phone #

To Whom It May Concern:

I hereby authorize the release of banking/credit information to Weather King Windows & Doors, Inc. for the purpose of establishing credit.

Signature _____ Date _____