

## **CREDIT APPLICATION FOR A NET 30 DAY ACCOUNT**

## BUSINESS CONTACT INFORMATION

| litle:                          |                 |              |           |  |
|---------------------------------|-----------------|--------------|-----------|--|
| Company name:                   |                 |              |           |  |
| Phone:                          | Fax:            | E-mail:      |           |  |
| Registered company address:     |                 |              |           |  |
| City:                           |                 | State:       | ZIP Code: |  |
| Date business commenced:        |                 |              |           |  |
| Sole proprietorship:            | Partnership:    | Corporation: | Other:    |  |
| BUSINESS AND CREDIT INFORMATION |                 |              |           |  |
| Primary business address:       |                 |              |           |  |
| City:                           |                 | State:       | ZIP Code: |  |
| How long at current address?    |                 |              |           |  |
| Telephone:                      | Fax:            | E-mail:      |           |  |
| Bank name:                      |                 |              |           |  |
| Bank address:                   |                 | Phone:       |           |  |
| City:                           |                 | State:       | ZIP Code: |  |
| Type of account:                | Account number: |              |           |  |
| Savings                         |                 |              |           |  |
| Checking                        |                 |              |           |  |
| Other                           |                 |              |           |  |
| BUSINESS/TRADE REFERENCES       |                 |              |           |  |
| Company name:                   |                 |              |           |  |
| Address:                        |                 |              |           |  |
| City:                           |                 | State:       | ZIP Code: |  |
| Phone:                          | Fax:            | E-mail:      |           |  |
| Type of account:                |                 |              |           |  |
| Company name:                   |                 |              |           |  |
| Address:                        |                 |              |           |  |
| City:                           |                 | State:       | ZIP Code: |  |
| Phone:                          | Fax:            | E-mail:      |           |  |
| Type of account:                |                 |              |           |  |
| Company name:                   |                 |              |           |  |
| Address:                        |                 |              |           |  |
| City:                           |                 | State:       | ZIP Code: |  |
| Phone:                          | Fax:            | E-mail:      |           |  |
|                                 |                 |              |           |  |

| Type of account: |  |  |  |  |
|------------------|--|--|--|--|
|                  | AGREEMENT  |  |  |  |
|                  | <ol> <li>All invoices are to be paid 30 days from the date of the invoice.</li> <li>By submitting this application, you authorize Screens of Mass Construction LLC to make inquiries into the banking and business/trade references that you have supplied.</li> </ol> |  |  |  |
|                  | OFFICER(S) SIGNATURES  |  |  |  |
|                  | tle: Title: Date:  |  |  |  |

<sup>\*\*</sup>Note Custom screen orders of \$5,000.00 and more subject to half (50%) down payment prior to manufacturing and remaining balance due upon completion for a COD account or thirty (30) days from final invoice on Net 30 accounts.\*\*