

PO Box 430, 1413 N. Arendell Avenue, Zebulon NC 27597 www.proglassnc.com PH: 919-269-9597 FX: 919-269-9595

Business Credit Application

Business Name	Date		
Address	City:	State	Zip
Owner	Tel.No		
Owner Address	City:	State	Zip
Owner's Signature for P	ersonal Guarantee of paymer	nt	
How Long in Business_			
Website address:			
email:			
Trade References:			
Name	Address:		Tel:
Name	Address:		Tel:
Name	Address:		Tel:
Bank References:			
Name	Address:		Tel:
Name	Address:		Tel:
Credit Line Requested \$			
FED. I.D. #	Sales Tax	#	

Business Credit Application, cont'd

Pending Lawsuits against Company:

The Undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. Accounts not paid within 30 days will be subject to an additional $1 \frac{1}{2}\%$ per month on the unpaid balance. In the event said account is placed in the hands of an attorney for collection, debtor obligates himself to pay attorney's fees plus legal expenses.

No delay on the part of the Seller in exercising any of its options, powers of rights, or partial or single exercise thereof, shall constitute a waiver thereof. No waiver of any of its rights hereunder, And no modification or amendment of this agreement shall be deemed to be made by the Seller unless the same shall be in writing, duly signed on behalf of the Seller, and each such waiver, if any, shall apply only with obligations of the undersigned to the Seller in any other respect at any other time.

The undersigned agrees that approval of this agreement for credit, any charges to the account is due and payable under the terms as specified by ProGlass Custom Shower and Mirror, LLC. If the account is allowed to become past due, no more credit will be extended until balance is paid.

This agreement must be signed by the company owner responsible for payment.

 Date_____

 Owners Signature_____

Title

ProGlass