

ARCHITECTURAL DOORS INCORPORATED

Architectural Doors, Inc.
3900 Holly Street Denver, CO 80207
(303) 322-1410 Office (303) 322-1433 Fax

CREDIT APPLICATION

Date: _____ Your Sales Representative is: **Mike Cook or Jerry Ourada**

Credit Amount Requested: _____ Annual sales volume: _____
Company: _____ Phone _____
Address: _____ Fax: _____
City: _____ State: _____ Zip Code: _____
Partnership _____ Corporation: _____ Sole Proprietorship _____ Date Established _____
Taxable _____ Resale _____ Colorado resale license # _____

Owners, Partners, Corporate Officers:

1. _____
Name Title Social Sec #
2. _____
Name Title Social Sec #
3. _____
Name Title Social Sec #

Type of Business _____

Bank Name & Address _____
Account No. _____ Phone _____ Contact _____

>>>I hereby authorize rating of my bank status _____

Authorized Banking Signature

Credit References Currently Active:

- | | | | |
|---|---------------|-------------|-----------|
| 1 | Company _____ | Phone _____ | Fax _____ |
| | Address _____ | | |
| 2 | Company _____ | Phone _____ | Fax _____ |
| | Address _____ | | |
| 3 | Company _____ | Phone _____ | Fax _____ |
| | Address _____ | | |
| 4 | Company _____ | Phone _____ | Fax _____ |
| | Address _____ | | |

For the purpose of procuring credit from Architectural Doors, Inc., the undersigned (buyer) offers the following as a true and accurate statement and agrees to immediately notify you of any material changes & further agrees that all sales & services are subject to the terms & conditions of sale as follows. Terms will be 1% 15 Net 30 with late charge of 2%. The Undersigned hereby personally guarantees in addition to the payment of sums now owing and all sums to become due, all reasonable costs of collection including attorney fees. I certify that the above data is correct:

Officer or Owner Signature _____ **Date** _____

Print Name _____ **Title** _____