

COMPANY NAME:

MAILING ADDRESS:

SHIPPING ADDRESS:

CITY

STATE

ZIP

CITY

STATE

ZIP

PHONE NUMBER:

EMAIL:

COMPANY WEBSITE:

YEAR EST'D:

LIMITED LIABILITY ☐

PARTNERSHIP ☐

CORPORATION ☐

PROPRIETOR ☐

YEARS IN PRESENT LOCATION:

NO. OF EMPLOYEES:

COMPANY OFFICERS

NAME:

TITLE:

NAME:

TITLE:

EMAIL ADDRESS:

AUTHORIZED BUYER(S):

HOLDING COMPANY:

CORPORATE HEADQUARTERS:

TRADE REFERENCES

VENDOR:

PHONE NO:

ADDRESS:

EMAIL:

CITY/STATE:

ZIP CODE:

VENDOR:

PHONE NO:

ADDRESS:

EMAIL:

CITY/STATE:

ZIP CODE:

VENDOR:

PHONE NO:

ADDRESS:

EMAIL:

CITY/STATE:

ZIP CODE:

(PLEASE COMPLETE BOTH PAGES)

APPLICATION FOR CREDIT (SECOND PAGE)

NAME OF BANK:

BANK ADDRESS:

ZIP CODE:

PHONE NUMBER:

FAX NUMBER:

ACCOUNT NUMBER:

CONTACT PERSON:

CREDIT INFORMATION FROM DUN & BRADSTREET

DUN'S #:

RESALE NUMBER:

STATE:

FEDERAL ID NUMBER:

SALES ACKNOWLEDGEMENTS:

NAME:

EMAIL:

ACCOUNTS PAYABLE CONTACT FOR INVOICES & STATEMENTS:

NAME:

PHONE:

EMAIL:

STATEMENT OF INTENTION TO PAY

I HEREBY CERTIFY that all statements in this Application for Credit are true and complete and are made for the purpose of securing credit from Architectural Component Systems. If this application is approved, I agree to pay according to Architectural Component System's stated terms. A company officer/owner must sign this.

NAME OF COMPANY:

BY:

TITLE:

DATE:

NOTE: Please return completed Credit Application to ACS Credit Department at: INFO@ACSOPENINGS.COM