



7610 Doane Dr., Manassas, VA 20109 (703) 361-9994

Credit Application

Legal Name: _____

Bill to Address: _____

Phone: _____ Fax: _____

Type of Business: _____

Business Start Date: _____

Owner: _____

Federal ID #: _____

Trade References:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

E-mail: _____

E-mail: _____

Acct #: _____

Acct #: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

E-mail: _____

E-mail: _____

Acct #: _____

Acct #: _____

Bank References:

Name and Address: _____

Phone: _____

Fax: _____

Contact Acct#: _____

The undersigned hereby notifies that the information contained in this application is true and correct. In addition to the foregoing, the undersigned expressly agrees that in the event of any action or proceedings shall be brought for the recovery of amounts due for products or merchandise or services obtained from Dulles Glass & Mirror, or it's assigns, to pay all costs of collection including but not limited to attorney's or collection agent's fees. The undersigned further agrees to pay a \$35.00 charge for each returned check. The undersigned gives this information for the purpose of obtaining credit and authorizes Dulles Glass & Mirror to obtain additional information concerning this credit standing.

Signature of Owner or Officer: _____ Date: _____