



Jasan Fabricated Glass, Inc.

2035 E. 37th St.
 Vernon, CA 90058
 Tel) 213.746.5577 Fax) 213.746.3377

Application for New Account

Name of Business	
Business Address	
Tel. ()	Fax. ()

Fill out the portion that applies to your business. If a corporation, the signature must be that of an officer or authorized agent. (If the company is corporation, please fill out A, and if the company is sole ownership or partnership, please fill out B)

A. Corporation Name: _____
 President Name: _____ Federal Tax ID # _____ - _____
 Home Address: _____
 Home Tel: () _____ Cell: () _____

B. Principal (Owner) Name: _____ Social Security #: _____ - _____ - _____
 Home Address: _____
 Home Tel: () _____ Cell: () _____

Partnership Name: _____ Social Security #: _____ - _____ - _____
 Home Address: _____
 Home Tel: () _____ Cell: () _____

Bank Reference

Bank Name		Contact	
Account #		Phone #	
Account #		Dr. Lic#	

Estimated Annual Sales: \$ _____

Sales tax Exempt: Yes () No ()
 (Please fill out tax exemption certificate)

The information contained herein is submitted by the undersigned for the purpose of obtaining credit.

The undersigned expressly agrees to make payment in full to Jasan Fabricated Glass, Inc. for all purchases in accordance with Jasan Fabricated Glass, Inc's invoice(s) or terms agreed to in writing. Should the undersigned default in any such payment, the undersigned expressly agree to pay a late service charge on any amounts in default the maximum rate permitted by the law, and at Jasan Fabricated Glass Inc. option, all amount owed Jasan Fabricated Glass, Inc. by the undersigned shall become immediately due and payable. The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by Jasan Fabricated Glass, Inc in the collection of any obligation of the undersigned pursuant hereto. The undersigned shall not transfer or assign this agreement without the prior written consent of Jasan Fabricated Glass Inc. The undersigned authorizes Jasan Fabricated Glass to investigate all references.

Date: _____

Name: _____

Sign: _____

Trade References

Name

Address

Tel.

Fax.

Name

Address

Tel.

Fax.

Name

Address

Tel.

Fax.

*** Internal Usage Only***

TEF:

NT:

SPN:

Received by:

Confirmed By: