

5065 South 111 Street | Omaha, NE 68137 402-592-1234 | 800-228-9867 | windowwares.com

CREDIT APPLICATION

Date				
	ADDI ICANT	'INFORMA	TION	
	<u>APPLICANT</u>			
Business Name		State Sales Tax #		
	reet	City	State	Zip Code
	Email	,		2.6 0000
illing address (ii dille	erent from above) Street	C	City State	Zip Code
wner's Name(s)			Phone	
	Supplier			
	• •			
	On-line Search/Website			
	Other			
	Contacted by Window Wa	ares, Inc.		
	TRADE R	REFERENC	<u>ES</u>	
1) Name	A	ccount #	Fax	
2) Name	A	ccount #	Fax	
3) Name	Α	ccount #	Fax	

RETURN COMPLETED APPLICATION TO accounting@windowwares.com or FAX (402) 592-8165



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APPLICATION AND CREDIT AGREEMENT

For the purpose of receiving credit to purchase merchandise from WINDOW WARES, INC., the undersigned agrees to the following:

- (a) Owner authorizes Window Wares, Inc. to obtain credit information from the trade references listed on the attached application.
- (b) Owner agrees to pay Window Wares, Inc. for any and all debt collection and/or legal expenses including, but not limited to, court costs, attorney fees, collection agency fees, and accumulated interest charges in connection with any outstanding debt owed by the Business.
- (c) Owner agrees to payment terms as listed on invoices.
- (d) The provisions of this Agreement shall be in accordance with the laws of the State of Nebraska.

knowledge and belief.

Owner: ______ Date _____

Signature

Printed Name

I certify that the information on the attached credit application is true and correct to the best of my

PERSONAL GUARANTEE

I/we understand that as a condition guarantee payment of all sums owed	of obtaining credit from WINDOW WARES, INC., I/we personally			
5 , ,	(BUSINESS NAME)			
Guarantor	 Date			
Guarantor	 Date			

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