

CREDIT APPLICATION

COMPANY INFO.

Name: _____ Ph # () _____
 Address: _____ FAX () _____
 City/St/Zip: _____ Yrs at this location: _____

HEREBY applies for credit in accordance with the terms and conditions of:

GLADWIN PAINT COMPANY **Normal Credit Terms: Net 10th**
2000 Broadway
San Antonio, TX 78215
Ph (210) 223-2695 Fax (210) 223-9626

The following information **MUST** be provided. It will be held in the strictest confidence.

OWNERSHIP: _____ Corporation _____ Check here if incorporated within past 12 mos.
 _____ Partnership _____ Individual Social Security # _____

1. _____
 Names(s) of Principal(s) Complete Address Zip Phone
2. _____
3. _____

FINANCE:

Bank: _____ Address: _____
 City: _____ State: _____ Zip: _____

REFERENCES:

1. _____
 Business Name Address Zip Phone FAX
2. _____
3. _____
4. _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date: _____

Signed: _____ Title: _____

PLEASE DO NOT WRITE IN AREA BELOW

Ref. checked by: _____ Credit approved _____ / denied _____ by: _____ Date: _____

Line of Credit: \$ _____