



Customer #	_____
Credit Limit	COD
Terms	_____
Salesperson	_____
Territory	_____
Approved By	_____

8764 Crocker St., Los Angeles, CA, 90003 (323) 789-7800 (888) 789-7810, Fax: (888) 789-7820

COD

(To be completed by Customer)

Locations:

GLASSWERKS LA

Tel: 323/789-7800
Fax: 323/789-7820

TEMPWERKS

Tel: 323/789-1874
Fax: 323/789-1847

GLASSWERKS SD

Tel: 760/739-8897
Fax: 760/759-7237

This application is made for the sole purpose of obtaining an account with Glasswerks. Applicant acknowledges that Glasswerks is relying on the information provided in this application and warrants that all statements in this application are complete, accurate, and truthful. Applicant further acknowledges that if this application is approved by Glasswerks, applicant shall be bound by the terms and conditions set forth in this application and in the Glasswerks Price Book.

Date: _____

Please complete each line is the following section:

Company Name		Phone () -	
Address	City	State	Zip
P.O. Box	City	State	Zip
Contact person for accounts payable:		Fax () -	
Resale #	Corporation [] Partnership [] Joint Venture [] Sole Owner []		
Date Business Established	Contractor's License No.		
Bonding Company	Bond#	Expiration Date	
Is Written Purchase Order Required? Yes [] No []		Authorized Purchasing Agent:	
Type of Business	Date Established / /	Anticipated Monthly Purchases \$	
Previous Business Name, Industry Experience (if any), Associated or Related Companies (list)			

Have you, or any company which you have been an owner, filed for bankruptcy? Yes [] No []	
If Yes, Name of Company:	Year Filed: State Filed: Outcome:
Size of Shop	Number of Employees Seasonal: Yes [] No [] If Yes, When
Types of Goods Purchased	

Warranties By Applicant:

I/WE warrant all information to be true. I/We agree to pay my/our account within the terms in this agreement and Glasswerks Price Book: Net payment due COD (Cash On Delivery). A finance charge of 1 1/2% per month, compounded monthly, will be assessed on all balances which are delinquent beyond the 30th day of the month following the date of invoice. Unless otherwise stated, all shipments are F.O.B. Glasswerks warehouse. **In the event a dispute arises in connection with this agreement, applicant will pay the reasonable collection and/or attorney's fees** incurred by Glasswerks. If suit is brought, jurisdiction and venue may be laid in the State and County of Glasswerks choice.

Business Name	Date
Authorized Signature(s)	Title

Personal Guarantee:

in consideration of Glasswerks selling to the above named applicant, the undersigned guarantors hereby each personally guaranty the payment of all sums hereafter owing by applicant to Glasswerks, including all reasonable attorney fees and/or costs incurred in connection with this debt. If suit is brought, jurisdiction and venue may be laid in the State and County of Glasswerks choice.

Name	Address	City	State	Zip
Signature	Social Security Number		-	Date
Name	Address	City	State	Zip
Signature	Social Security Number		-	Date