



# Franklin Art Glass Studios Inc.

Handcrafted Stained Glass Since 1924

## CREDIT APPLICATION

*The undersigned company is applying for credit with Franklin Art Glass Studios, Inc. and agrees to abide by the standard terms and conditions of Franklin Art Glass Studios, Inc. as printed on the last page.*

Company Name: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax I.D. or Social Security Number: \_\_\_\_\_

Type of business: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Date business established: \_\_\_\_\_

Types of products you will purchase: \_\_\_\_\_

Amount of Credit requested: \$ \_\_\_\_\_

Please choose which best describes your business from the following options:

CORPORATION State of incorporation: \_\_\_\_\_

Names, titles and addresses of your three chief corporate officers:

\_\_\_\_\_

\_\_\_\_\_

PARTNERSHIP Names and addresses of the partners:

\_\_\_\_\_

\_\_\_\_\_

SOLE PROPRIETORSHIP Have you previously had credit with us?  YES  NO

If yes, under what name?: \_\_\_\_\_

Authorized purchasers: \_\_\_\_\_

Are you sales tax exempt? Purchase order required?  YES  NO

Approved for Wholesale with Franklin Art Glass? If yes, please check one:  BRONZE  SILVER  GOLD



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### TRADE REFERENCES

Reference #1: Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Reference #2: Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Reference #3: Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### BANK REFERENCES

Account #: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that the above information is true and given to induce Franklin Art Glass Studios, Inc. to extend credit to the applicant. My company and I authorize Franklin Art Glass to make such credit investigation as they see fit, including contacting the above trade and bank references and obtaining credit reports. My company and I authorize all trade and bank references and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself to Franklin Art Glass. I have read the terms and conditions stated below and agree to all of the terms and conditions.

Authorized signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Payment terms are NET 30 Days. Bills are due 30 days from the date of invoice. If accounts are routinely overdue you will automatically revert back to paying for each order upon receipt. This is without prior warning to you. You will have 1 year before you will be eligible to re-apply for NET 30 Day status.
2. Any returned checks will be charged \$15.00 per check. This fee is charged for everytime we receive an NSF check or a check is returned for any reason. After three (3) NSF checks, we reserve the right to put your account on C.O.D. CAS Basis.
3. A finance charge of 2% per month will be added to all amounts billed if not paid by the due date.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. Please allow 4-6 weeks for Credit Approval.

***Thank you for your interest in establishing an account with Franklin Art Glass Studios, Inc.  
We look forward to serving your stained glass needs!***