



CREDIT APPLICATION

Thank you for your interest in establishing an account with Salem ASM. We look forward to serving you promptly, courteously and competitively. All information requested by this application will be held in the strictest confidence.

Please fill out all of the information **completely**, sign and fax to 336-766-9455.

GENERAL INFORMATION:

Name of Company					
Owner/CEO					
Ship to Address					
City		State		Zip	
Telephone No.		Fax No.			
Purchasing Contact		Email Addr.			
Bill to Address					
City		State		Zip	
Telephone No.		Fax No.			
A/P Contact		Email Addr.			

REFERENCES:

Bank		Phone No.	
Address		Fax No.	
		Email Addr.	
Contact		Account #	
Business		Phone No.	
Address		Fax No.	
		Email Addr.	
Contact		Account #	
Business		Phone No.	
Address		Fax No.	
		Email Addr.	
Contact		Account #	
Business		Phone No.	
Address		Fax No.	
		Email Addr.	
Contact		Account #	

Please check one or more of the following that best describes your company's operation:

Flat Glass	Glazing	Ophthalmic	Precision	Mirror	Other (describe)

Does your company require a purchase order?	
Does your company accept back orders?	

How long has business been in operation?	
How long has business been at current address?	

Salem Distributing Company, Inc. may be required to collect sales tax from our customers. If you are tax exempt please forward a **signed tax exempt form showing Tax permit number.**

AUTHORIZATION:

I authorize Salem Distributing Company, Inc. to verify my credit by contacting my credit references and by obtaining reports from credit reporting agencies. I authorize all creditors and credit reporting agencies to release information to Salem Distributing Company, Inc. upon request.

If credit is extended, I agree to pay all costs and expenses (including actual attorney fees as allowed by law) incurred by Salem Distributing Company, Inc. in collection of my overdue account.

The undersigned agrees to pay a late service charge on any amount in default at the rate of 1.5% per month (18% annually) from due date of the invoice.

If account is not kept current, credit privileges may be revoked by Salem Distributing Company, Inc..

Signature:		Title:	
Print Name:		Date:	

Note: To expedite the acceptance and approval of this application, please be sure that all questions have been answered and a corporate officer or owner has signed application.