



**CREDIT APPLICATION**

Thank you for your interest in establishing an account with us. 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:**

As an officer or owner of the company, I authorize Salem Distributing Company, Inc. to verify our credit by contacting our 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, we 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.

As an officer or owner of the company, I am authorized to commit our company 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..

Company:			
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.