



RETURN TO FAX # 276-632-2488

CATHY DENOFF-GLASS / DOORS
DEBBIE COOLEY - MIRRORS

CREDIT APPLICATION FORM

DATE: DATE YOUR COMPANY WAS ESTABLISHED

COMPANY NAME

MAILING ADDRESS

STREET ADDRESS

CITY, STATE & ZIP CODE

TELEPHONE NO. FAX # TAXPAYER ID #

COUNTY YOU ARE LOCATED IN: TAX EXEMPTION #

PLEASE PROVIDE YOUR STATES EXEMPTION CERTIFICATE IF VA. GLASS BLANKET CERTIFICATE NOT ACCEPTED

ARE YOU: INCORPORATED A PARTNERSHIP PROPRIETORSHIP

ACCOUNTS PAYABLE CONTACT: E-MAIL ADDRESS

NAMES OF OFFICERS OR OWNERS - THEIR TITLES:- SOCIAL SECURITY NUMBERS

SS #:

SS #:

NAME, ADDRESS & PHONE # OF YOUR BANK:

ACCT #:

ACCT. OFFICER:

PHONE: FAX:

PLEASE LIST REFERENCES (including addresses, zip codes, phone numbers, fax numbers)

Blank lines for listing references.

TERMS OF PAYMENT: Subject to the provisions of CREDIT APPROVAL above, terms of payment are as stated on Seller's invoice, and shall be effective from date of invoice. **Past due balance will have a finance charge of 1.5% per month, 18% per annum.

The information contained herein is submitted by the undersigned for the purpose of obtaining credit. The undersigned expressly agrees to make payment in full to you for all purchases in accordance with your invoice(s) (and accepts Virginia Mirror Company, Inc. or Virginia Glass Products Corporations' General Terms and Conditions).

Should the undersigned default in any such payment, the undersigned expressly agrees to pay a late service charge on any amounts in default, and, at your option, all amounts owed you by the undersigned shall become immediately due and payable. The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by you in the collection of any obligation of the undersigned pursuant hereto. This agreement shall become effective when accepted by your authorized representative. The undersigned shall not transfer or assign this agreement without the prior written consent of Virginia Mirror Company, Inc or Virginia Glass Products Corporation.

SIGNATURE OF OFFICER OR OWNER

VIRGINIA MIRROR COMPANY, INC./VIRGINIA GLASS PRODUCTS CORP.
P O BOX 5431
MARTINSVILLE, VA 24115
276-632-9816
800-826-4776
FAX 276-632-2488

PERSONAL GUARANTY OF CORPORATE OR PARTNERSHIP ACCOUNT

TO INDUCE Virginia Mirror Co., Inc. / Virginia Glass Products Corp. to extend credit on an open account to _____, the undersigned, jointly and severally, do hereby guarantee personally to Virginia Mirror Co. Inc./Virginia Glass Products Corp. the prompt payment when due of all amounts owing from _____, now or in the future, including applicable interest or other finance charges, and do further agree to pay the expenses incurred by you to enforce collection, including, but not limited to reasonable fees of legal counsel and court cost. Furthermore, I hereby authorize Virginia Mirror Co., Inc. / Virginia Glass Products Corp. to conduct an inquiry into my credit worthiness. WITNESS our signatures and seals.

SIGNATURE OF INDIVIDUAL

SIGNATURE OF INDIVIDUAL

DATE

DATE

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

WITNESS

WITNESS

*****PLEASE FAX INFORMATION AND MAIL ORIGINAL*****

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Company: _____

Bank Account #: _____

We hereby authorize and give permission to:

(Bank)

(Street Address)

(City, State, Zip Code)

For the sole purpose of providing credit information concerning our account(s) to **VIRGINIA MIRROR COMPANY, INC/VIRGINIA GLASS PRODUCTS CORP.** - P O BOX 5431 - Martinsville, VA 24115
- phone: 276-632-9816 fax: 276-632-2488.

Dated: _____

By: _____

Title: _____