



Company Name: _____

Bill To Address: _____

Ship to Address: _____

Telephone: _____ Fax: _____

Type of Business: _____

Nature of Business: _____ Business Start Date: _____

Tax Exempt? _____ No/Yes (If yes, we must have a resale certificate on file)

Type of Business: _____ Proprietorship _____ Partnership _____ Corporation _____ Other

Name of Ownders/Principals: _____

Trade References (Please include Name, Address, Phone)

_____	_____
_____	_____
_____	_____
_____	Bank Name: _____
_____	Telephone: _____
_____	Account #: _____
_____	Contact: _____

Applicant represents that it has the financial responsibility, ability and willingness to pay the invoices of Window Hardware Supply, ("WHS") According to their terms. In the event of a conflict between the terms of applicant's purchase order and this application or WHS's invoices, applicant agrees that the terms of WHS's invoices shall control. This application will be accepted by WHS when WHS notifies of the extension of credit or if WHS provides applicant products under credit terms. Applicant acknowledges the above information is provided for the purpose of obtaining credit and is warranted to be true. Applicant hereby authorizes the investigation of the references listed pertaining to applicants credit and financial responsibility.

TERMS: TBD

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Contact:
(510) 463-0301
Sales@whs.us.com