

Please Return to:
RELIABLE Architectural Products
PO Box 580
Geneva, AL 36340-0580
PH (800)239-4621 D (334) 684-3621
FAX (334) 684-3120



CREDIT APPLICATION

(Please type or print) Sales Contact: _____
Date: _____

BUSINESS NAME _____ Telephone _____
Billing Address _____ Fax _____
City _____ State _____ ZIP _____
Years in Business _____ Sales \$ _____ Net Worth \$ _____
D&B # _____ Proprietorship _____ Partnership _____ Corporation _____
President _____ Owner _____
Initial Order Value \$ _____ Estimated monthly purchases (if applicable) \$ _____
Complete this if you are a Division or Subsidiary:
Parent Company _____ Telephone _____
Address _____ City _____ State _____ ZIP _____

BANK REFERENCE: _____ Telephone _____
Address _____ Fax _____
City _____ State _____ ZIP _____
Checking Account # _____ Loan # _____

SUPPLIER REFERENCES:
Name _____ Telephone _____
Address _____ Fax _____
City _____ State _____ ZIP _____
Name _____ Telephone _____
Address _____ Fax _____
City _____ State _____ ZIP _____
Name _____ Telephone _____
Address _____ Fax _____
City _____ State _____ ZIP _____

In consideration of the extension of credit by Reliable, the undersigned agrees:
1. To allow Reliable to contact any bank or supplier necessary to establish credit.
2. To pay the balance of the account in full on the designated due date.
3. To pay all reasonable charges for collection, including attorney fees and court costs, should the account be placed with an attorney or collection agency.

Authorized Signature _____ Title _____ Date _____

***** PLEASE INCLUDE COPY OF TAX EXEMPTION CERTIFICATE *****
(Sales Tax is charged unless copy of exemption certificate is attached)