



Customer Credit Application

Company Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	
Owner:	Contact:	
Years Applicant in Business:	Prior Year Annual Sales:	
Authorized Purchase Agents:		
Amount of Credit Requested:		

Bank:	Branch Address:
Bank Contact:	Phone:

Trade References	
Company:	Phone:
Contact:	Length of Time:
Company:	Phone:
Contact:	Length of Time:
Company:	Phone:
Contact:	Length of Time:

Amount of Credit Requested: \$ _____

ARG Wholesale Manager to select requirements:

ARG Wholesale Manager Signature _____

Option A

Credit Card Authorization: I authorize Glass Masters ARG Autoglass Two Inc. to charge all outstanding invoices to my Credit card if my account reaches 61 days outstanding.

VISA/MC/AMEX # _____ Expiry Date: ____/____/____ CSV: _____

Card Holder Name: _____ Signature: _____



Option B

Credit Card Authorization: I authorize Glass Masters ARG Autoglass Two Inc. to charge all outstanding invoices to my Credit card on a bi-weekly basis.

VISA/MC/AMEX # _____ Expiry Date: ____/____/____ CSV: _____

Card Holder Name: _____ Signature: _____

Option C

This Personal Guarantee is effective _____ between _____
("Guarantor") and GlassMasters ARG Autoglass Two Inc. ("Second Party"), an Alberta corporation;

I, Guarantor, hereby personally and solidarity guarantee to fully pay all outstanding purchases of goods by _____ (customer name inserted) which were made to the Second Party on credit terms.

This guarantee is, and shall be deemed to be, a contract entered into and pursuant to the laws of Alberta. This is intended to be a personal guarantee and will personally bind the signor

Name _____ Signature: _____

Witness: _____ Signature: _____

I hereby authorize Glass Masters, or its agents to contact any of the references listed above.

Date ____/____/____ Title: _____

Applicant Signature _____ Name: _____