



# Rochester Insulated Glass, Inc.

## APPLICATION FOR CREDIT

_____ NAME OF FIRM OR BUSINESS			_____ PHONE		
_____ EMAIL ADDRESS			_____ FAX		
_____ BILL TO ADDRESS			_____ SHIP TO ADDRESS		
_____ CITY	_____ STATE	_____ ZIP	_____ CITY	_____ STATE	_____ ZIP

HEREBY applies for credit in accordance with the terms and conditions of:

**ROCHESTER INSULATED GLASS, INC.**  
**73 MERRICK CIRCLE**  
**PO BOX 168**  
**MANCHESTER, NY 14504**

**Michele Jerome**  
**Credit Manager**  
**Normal credit terms:**  
**2% 10, Net 30**

The following information must be provided. It will be held in the strictest confidence.  
 Are you subject to sales tax? Y/N If not, please supply the tax exempt certificate.

**Ownership:**

Corporation:  Check here if incorporated within the past 12 months  Partnership  Individual

1. _____	_____	_____
<b>Name of Principal(s)</b>	<b>Complete Address</b>	<b>Phone</b>
2. _____	_____	_____
3. _____	_____	_____

**Finance:**

_____	_____
<b>Bank</b>	<b>Complete Address</b>
_____	_____
<b>Bank Officer or Department</b>	<b>Phone/Fax</b>

**References:**

1. _____	_____	_____
<b>Business Name</b>	<b>Complete Address</b>	<b>Fax</b>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Title \_\_\_\_\_