

**CLEARVUE INSULATING GLASS CO.**

3764 RIDGE ROAD  
BROOKLYN, OHIO 44144  
(216) 651-1140 (800) 536-1141 (FAX) (216) 651-3344

**COMMERCIAL ACCOUNT CREDIT APPLICATION**

NAME OF BUSINESS \_\_\_\_\_ DESIRED AMOUNT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ (CITY) (STATE) (ZIP CODE)

E-MAIL ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ S.S. # \_\_\_\_\_

OWNER'S HOME ADDRESS \_\_\_\_\_

OWNER'S TELEPHONE# \_\_\_\_\_ CELL # \_\_\_\_\_ (CITY) (STATE) (ZIP CODE)

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLES: \_\_\_\_\_

HOW LONG IN BUSINESS \_\_\_\_\_ CORPORATION OR INDIVIDUAL \_\_\_\_\_

IF TAX EXEMPT, GIVE NUMBER \_\_\_\_\_ TAX EXEMPT FORM MUST BE FILLED  
OUT AND SUBMITTED WITH CREDIT APPLICATION.

PURCHASE ORDER REQUIRED? \_\_\_\_\_ SPECIAL PURCHASEING/BILLING ? \_\_\_\_\_

REFERENCES: (MUST HAVE FOUR)

\_\_\_\_\_  
(NAME) (ADDRESS: CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(PHONE) (FAX)

\_\_\_\_\_  
(NAME) (ADDRESS: CITY, STATE, ZIP CPDE)

\_\_\_\_\_  
(PHONE) (FAX)

\_\_\_\_\_  
(NAME) (ADDRESS: CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(PHONE) (FAX)

\_\_\_\_\_  
(NAME) (ADDRESS: CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(PHONE) (FAX)

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

- 1. Payment terms are Net 30 Days. Invoices are due 30 days from the date of invoice. If accounts are routinely overdue, you may revert back to C.O.D. upon review from management. You will have 1 year before you will be eligible to re apply for Net 30 Days.**
- 2. Any returned checks will be assessed a charge of \$35.00 per check. This fee is charged for everytime we receive a NSF check or a check returned for any reason. We reserve the right to put your account on a C.O.D. cash only basis at any time for any returned checks.**
- 3. A finance charge of 1.5% will be added to all invoices if not paid by the due date.**
- 4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. PLEASE ALLOW 1-2 WEEKS FOR CREDIT APPROVAL.**

I, \_\_\_\_\_, PERSONALLY GUARANTEE THE PAYMENT OF  
(NAME OF GUARANTOR)

ANY FUTURE INDEBTEDNESS AND INTEREST THAT \_\_\_\_\_  
(NAME OF COMPANY)  
MAY OWE TO CLEARVUE INSULATING GLASS COMPANY.

SIGNATURE OF GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_

PRESCRIBED BY THE TAX  
COMMISSIONER UNDER RULE  
NO. TX-11-03

**BLANKET CERTIFICATE OF EXEMPTION**

The undersigned hereby claims exemption to purchases of tangible personal property  
from

\_\_\_\_\_ on and after  
NAME OF VENDOR

\_\_\_\_\_ and certifies that this claim  
DATE

is based upon the purchaser's purposed use of the items purchased, the activity of the  
purchaser, or both, as shown hereon:

\_\_\_\_\_  
PURCHASER MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION

This certificate shall continue in force until revoked and shall be considered a part of  
each order given to the above named vendor unless the order specifies otherwise.

\_\_\_\_\_  
(Purchaser's Name)

\_\_\_\_\_  
(Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.)

\_\_\_\_\_  
(Purchaser's Address)

\_\_\_\_\_  
(By - Signature and Title)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Vendor's License, if any)