

Clearvue Insulating Glass

14735 Lorain Avenue, Cleveland, Ohio 44111

Phone: (877)-404-1444 / Fax: (216)-777-1274 / Email: ClearvueIG@gmail.com

Commercial Account Credit Application

Name of Business _____

Address _____
(City) (State) (Zip Code)

Email Address _____

Owner's Name _____ S.S # _____

Owner's Telephone # _____ Cell # _____

Person Responsible for Accounts Payable _____

How long have you been in business? _____ Corporation or Individual _____

References: (Must have three)

(Name) (Address: City, State, Zip Code)

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General Terms, Conditions, and Personal Guarantee

1. Payment terms are net 30 days, from the time production of the order is complete. Invoices are due 30 days from the date of invoice. If accounts are routinely overdue you may revert back to C.O.D. You will have 1 year before you will be eligible to re-apply for Net 30 days. If your receivables ever go over 60 days all new orders will be C.O.D until receivables are paid down.
2. Any Returned checks will be assessed a charge of \$45.00 per check. This fee is charged every time 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. We have A limit of 1/8 your annual sales with Clearvue Insulating Glass, as your receivable limit, with a maximum of \$10,000 balance. 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
(Name of Guarantor)

Of any future indebtedness and interest that

(Name Of Company)

May owe to Clearvue Insulating Glass Company.

Signature of Guarantor _____ Date _____

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 is based upon the purchaser's
(Date)
proposed 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)