

WEST COAST
I N S U L A T E D
GLASS PRODUCTS

Credit Application

Company Name _____ Date _____
Billing Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____
E-Mail Address _____ Web Site _____
Accounts Payable Contact _____ Direct Fax No. _____
Shipping Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____
Operated As: Corporation _____ Individual _____ Partnership _____ Years in Business _____
Anticipated Monthly Purchases: \$ _____ to \$ _____
Name of Owners / Officers _____ Title _____
Name of Owners / Officers _____ Title _____
Sales Tax Exemption No. _____ Federal I.D. No. _____

Bank References

Bank _____ Address _____ Zip _____
Checking Account No. _____ Savings Account No. _____

Trade References

	Company Name	Address	Telephone No.	Fax No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you ever filed Bankruptcy, either as an Individual, Partner, or Officer in a Corporation? _____
Name of Person Signing (Please Print) _____ Date _____
Authorized Signature _____ Title _____

17730 Crusader Avenue * Cerritos, California 90703
(562) 653-9797 * (800) 786-9870 * Fax (562) 653-9677



UNLIMITED GUARANTY – INDIVIDUAL

TO: WEST COAST INSULATED GLASS PRODUCTS

FOR VALUE RECEIVED, and in consideration of your advancing credit to _____,
located at _____, debtor.

I, _____, jointly and severally, guarantee the prompt payment to you of all amounts now due and owing, or which may hereafter become due owing to you from said debtor on any account on which you have extended or may extend credit to said debtor, including but not limited to, all accounts due and owing or which may become due or owing for goods, wares, and merchandise sold and delivered to said debtor.

The liability of the undersigned shall not be affected or prejudiced by the acceptance of a note or other evidence of indebtedness, or by extension of time for payment, or other indulgence granted to the debtor, or by any agreement affecting said indebtedness and the undersigned hereby waives notice of all the aforesaid.

The filing of suit or exhaustion of legal remedies against the debtor shall not be a condition precedent to the enforcement of this guaranty and the undersigned hereby expressly waives any form of notice, demand, or diligence.

This guarantee shall continue until I have mailed, by certified or registered mail, evidence by return receipt, a notice in writing of termination signed by the undersigned, provided that such termination shall not affect the liability of the undersigned, as to the amounts then owing from the debtor.

In any action instituted on this guarantee I agree to pay reasonable suit and attorneys fees as part of the cost in such suit.

Dated at _____ This _____ Day of _____ 20_____

GUARANTOR:

WITNESS:

Signature of Guarantor

Signature of Witness

Residence Address of Guarantor

Residence Address of Witness

City, State, Zip

City, State, Zip

Residence Phone of Guarantor

Residence Phone of Witness



BANK AUTHORIZATION FORM

Customer Name: _____

Name of Bank: _____

Address of Bank: _____

Telephone Number: _____

Account/Loan Officer: _____

Account/Loan Number(s): _____

I authorize the above mentioned bank to release information to West Coast Products for the Purpose of establishing our credit worthiness.

CUSTOMER AUTHORIZATION SIGNATURE:

Signature

Title

Date