



4G Doors

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CREDIT APPLICATION

DATE: _____

Company Name

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Shipping Address

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

Type of Business: _____

Years at present location: _____

Type of Organization

- Private Corporation Partnership Public corporation
 Individual Other _____

Principals

Email address _____

NAME	POSITION	HOME ADDRESS	PHONE#

Bank Reference

Bank: _____ Account # _____

Address: _____ Phone # _____

Trade References

(Minimum of 3 With fax #)

NAME	ADDRESS	PHONE#	FAX#

Credit Limit Requested

NEED MONTHLY STATEMENT: YES NO

In making this application for credit, the customer agrees to pay all invoices within 30 days from date of invoice and to pay a service charge of 1.5% per month, which is an annual percentage rate of 18% on all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including attorneys fees for appeal.

Signature

Title: _____

Date: _____

Office use only

Credit limit \$	_____	Account #	_____
Date approved:	_____	CR#	_____
Signature:	_____	Discount:	_____
Reps Signature	_____	Date	_____