



Bronz-Glow
 175 Bronz-Glow Way
 St. Augustine, FL. 32095-8883

Ph: (904) 825-0175 x 222
 Fax: (904) 825-0122

Bronz-Glow®

Credit Application

Name: _____ Date: _____

Address: _____ Tel: _____

City: _____ State: _____ Zip: _____ Fax: _____

Billing Address: _____ City: _____ State _____ Zip: _____

Type of Business: _____

Year Established: _____ In the State of _____ EIN #: _____

____ "C" Corporation ____ Sub Chapter "S" Corp. ____ Partnership ____ Sole Proprietorship

Corporate Officers

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Accounts Payable Contact: _____ Title: _____

Credit Line Requested: _____ Purchase Orders Required? ____ Yes ____ No

FL. Sales Tax Exempt: ____ No ____ Yes, Florida Certificate Number: _____

Trade References

Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Account #: _____

Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Account #: _____

Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Account #: _____

Bank Reference

Bank: _____ Account #: _____

Contact Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

If BGT approves your application, I (we) agree to the terms of Net 15 days. Invoices must be paid for within 30 days to avoid penalty. With your signature, you authorize BGT to contact any references, bank or credit reporting agencies for the sole purpose of considering credit. You also have read and agree with Bronz-Glow Terms and Conditions of Sale.

Date: _____ By: _____ Title: _____

(Owner or Officer of Company)

For office use only: Account #: _____ Credit Line: _____ By: _____

Credit Approved: ____ Yes ____ No Salesperson: _____ Note/Reason: _____