

Bruegging Coatings, LLC

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CREDIT APPLICATION

Thank you for choosing Bruegging Coatings for your roofing & coating needs. To set up an account with us, a credit application form has been included for all future requests for products and services. Until your account is reviewed and approved, full payment is due prior to services being rendered. We accept Master Card and Visa. We appreciate your business and thank you in advance for your cooperation.

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

E-mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Is your company tax exempt or do you have a resale certificate? Yes ____ No ____

If yes, please attach signed certificate and list your tax exempt or resellers number:

Federal ID# or Social Security #: _____

Owner/President: _____

Address: _____

Is a Purchase Order required? _____

Name of individual with authorization: _____

If it is to be a blanket PO, please list the number and expiration date.

Number _____ Expiration Date _____

To whose attention should invoices be sent? _____

Is your work taxable? ____ If not, please attach signed certificate and list your tax exempt or resellers number: _____

Are you currently a defendant in a lawsuit?

Yes ____ No ____

If yes, describe the lawsuit: _____

If you wish to pay by credit card, please provide information below:

VISA Card Number _____ Exp. Date _____

MasterCard Number _____ Exp. Date _____

Bank References (please list name and address of local banks):

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

Our terms are DUE UPON RECEIPT. Accounts not paid in a timely manner will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

The undersigned consents to the release of credit history. If credit is extended, it may be canceled without notice.

Print Name: _____ Title: _____

Signed by: _____ Date: _____

PLEASE FAX BACK TO 713-722-8755