

GLASSPRO

By American Glass

"SINCE 1972"

215 W. Savannah Ave. • P. O. Box 1144 • Valdosta, Georgia 31603
Telephone (229) 244-8484 • Fax (229) 333-0794

Credit Card Authorization Form

I _____ authorize Glass Pro by American Glass to charge my:

Please Circle one:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

In the amount of: _____

I understand this purchase is a special order and cannot be changed or cancelled at anytime; therefore no refund can be issued.

Customer signature: _____

For the purchase of items listed on the contract dated:

Credit Card Number: _____

Verification Code: _____

Expiration Date: _____

Credit Card Statement Billing Address: _____

City: _____ State: _____ Zip Codes: _____

Printed Name: _____

Date: _____

A copy of the Front and Back of the Credit Card and drivers license must be attached and a copy of the total charges will be sent to the above address. I agree that my liability for the charges will not be waived and further agree to be held personally liable in the event that the credit card company fails to pay the full amount of the charges.

"YOUR COMPLETE GLASS SERVICE CENTER"

- AUTO GLASS • TUB & SHOWER ENCLOSURES • MIRRORS • WINDOW & DOOR REPAIR
- CLOSET SHELVING • TABLE TOPS • STORE FRONT REPAIR • RESIDENTIAL REPAIR

**American Glass of Tallahassee
1500-5 Capital Circle SE
Tallahassee, FL 32301
850-222-8484 phone
850-656-2202 fax**

Credit Card Authorization Form

I _____ authorize Glass Pro by American Glass to charge my:

Please Circle one:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

In the amount of: _____

I understand this purchase is a special order and cannot be changed or cancelled at anytime; therefore no refund can be issued.

Customer signature: _____

For the purchase of items listed on the contract dated:

Credit Card Number: _____

Verification Code: _____

Expiration Date: _____

Credit Card Statement Billing Address: _____

City: _____ State: _____ Zip Codes: _____

Printed Name: _____

Date: _____

A copy of the Front and Back of the Credit Card and driver's license must be attached and a copy of the total charges will be sent to the above address. I agree that my liability for the charges will not be waived and further agree to be held personally liable in the event that the credit card company fails to pay the full amount of the charges.

GLASSPRO

By American Glass

"SINCE 1972"

215 W. Savannah Ave. • P. O. Box 1144 • Valdosta, Georgia 31603
Telephone (229) 244-8484 • Fax (229) 333-0794

Credit Application

Company Information

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____ Fax Number (____) _____

Year Business Started _____ Years under current ownership _____

Form of Business: _____ Individual ___ Partnership ___ Corp. organized in _____

If your business is an individual, list your name and address. If your business is a partnership list the names and addresses of all partners. If your business is a corporation, list the names of the corporate officers.

Names(s)	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Federal Tax ID # _____ Contractors License # _____

Credit References

Company	City	Contact	Phone	Fax
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Terms of the Proposed Agreement

I/we acknowledge the information supplied above is correct to the best of my/our knowledge. I/we acknowledge this is only an application for credit from Glass Pro and the final decision rest solely with Glass Pro. Should credit be extended, I/we understand the terms are as follow, all invoices must be paid no later than 10 days after the invoice date. An interest rate of 18% per annum (1.5% per month) will be charged on all past due accounts. I/we understand Glass Pro will set a credit limit for this account and that, should this limit be reached at any time, payment will be required before additional charges are allowed. I/we agree to pay all attorneys fees and court cost incurred by Glass Pro should court proceedings become necessary to collect on this account

Applicant Signature _____ Printed _____ Title _____ Date _____

"YOUR COMPLETE GLASS SERVICE CENTER"

- AUTO GLASS • TUB & SHOWER ENCLOSURES • MIRRORS • WINDOW & DOOR REPAIR
- CLOSET SHELVING • TABLE TOPS • STORE FRONT REPAIR • RESIDENTIAL REPAIR