

M. S. WALKER OF RHODE ISLAND
APPLICATION FOR CREDIT

16 COMMERCIAL WAY
WARREN, RI 02885-1637
PHONE (401) 247-0646

CREDIT DEPARTMENT
FAX (617) 776-5808
PHONE (617) 776-6700

DATE _____ FEDERAL TAX I.D. # _____
CORPORATION NAME _____
D/B/A _____
DELIVERY ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DELIVERY INSTRUCTIONS _____
CUSTOMER CONTACT _____ SALES # _____
OWNER/CORPORATE OFFICER _____
BILL TO ADDRESS _____
TELEPHONE (_____) _____ FAX (_____) _____
NO. OF YEARS AT THIS LOCATION _____ GLASS ONLY Y N
DO **YOU** OWN THE BUILDING WHERE BUSINESS IS LOCATED? YES _____ NO _____

CREDIT REFERENCES

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE #</u>	<u>ACCOUNT #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If customer's account is forwarded to an attorney for collection, customer agrees to be responsible for all costs of collection, including reasonable attorney's fees, as approved by the court.

Authorized applicant's signature/Title

***** PLEASE NOTE OUR TERMS ARE **30** DAYS FROM DATE OF DELIVERY*****