



# S. Albert Glass Company, INC.

## Credit Application & Purchase Agreement

Legal Business Name			
Business Address			
Business Phone			
Business Fax			
Billing Address			
How Many Years In Business			
How Many Years at this Address			
Contract License			
Bonding Company			
Sales Tax Exempt #			
Est. Monthly Purchase From S.A.G			
Accounts Payable Contact			
Accounts Payable E-mail			
Part of a Larger Corporation?	YES	NO	
If Yes, Provide Name + Address of Corporate Headquarters			
List any other Related Businesses			
Central Billing Required?	YES	NO	
Are PO's Required?	YES	NO	

**PARTIES HEREBY AGREE THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS AS WELL AS ANY TERMS AND CONDITIONS STATED ON THE INVOICES**

- \*All Invoices are due in full upon receipt.
- \*An additional 1 1/2 % service charge (or the maximum amount permitted by applicable state law) will be charged on all accounts not paid within 30 days after due date and each 30 day period until paid.
- \*The undersigned purchaser agrees to pay all costs incurred in the event that this account becomes delinquent and is turned over to an attorney and/or collection service. This includes all fees, all court costs, and all collection costs.
- \*The parties hereby acknowledge that the goods and/or services are not payable in installments but are payable in full.
- \*The Undersigned purchaser agrees that invoices and monthly statements are accurate in all respects unless undersigned purchaser notifies S. Albert Glass Company, INC. in writing within ten (10) days of receipt of the invoice or statement.
- \*This credit Application shall be governed by the laws of the state of Maryland.

\_\_\_\_\_  
Signature of Owner/Partner or Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature of Other than Above

\_\_\_\_\_  
Date

**\*\*For S. Albert Glass Company, INC. Information and Approvals Only\*\***

Sales Representative		Credit Approved/Denied	
Do we have Tax Exempt Certificate?		Approved/Denied by	
Notes		Approval/Denial Date	
		Approved Credit Amount	\$

**Partnership or Proprietorship**

Name		
Social Security #		
Spouses Name		
Home Address		

**Corporation**

Title	President	Vice President	Secretary	Treasurer
Name				
Contact #				
Home Address				

**Trade Credit Reference**

1	
2	
3	
4	

**Bank Reference**

Bank Name		Account Number	
Bank Address		Contact Name	
		Contact Telephone	
		Contact Fax Number	

**PLEASE RETURN COMPLETED APPLICATION TO:**



S. Albert Glass Company, INC  
 6600 Ammendale Road  
 Beltsville, MD 20705

Phone: (301) 931-7800  
 Fax: (301) 931-8023  
 Attention: Credit Department