

The Authentic

ACME TWIN® DUPLEX® Window Sash Balances

723 West Mill Street, San Bernardino, CA 92410 P: 909-888-1860 F: 909-888-1863 www.AcmeDuplex.com

CREDIT APPLICATION

Complete information is required.

For the purpose of a business account and/or open account with Paramount doors.

All information must be true and correct.

Date: _____ Account#: _____

Company Name: _____

DBA: _____

Business Address: _____

Office Telephone#: _____ Office Fax #: _____

Length of time in business: _____ Length of time at this location: _____

Type of Business: Corporation ___ Partnership ___ Sole Owner ___

Owner/Officer's Name	Title	Driver's License Number

Owner/Officer's Home Address	City / State	Zip Code	Home Telephone #

Business Bank: _____ Telephone _____ Fax _____

Bank Address: _____

Type of Account: _____ Account #: _____

CREDIT REFERENCES / Open Accounts

Company Name	Account#	Mailing Address	Office Fax #

The undersigned, individually, jointly and severally agrees to personally guarantee payment for all debts incurred. In the event legal action is necessary to enforce collection, the undersigned further agrees to be responsible for attorney's fees, court and other related costs that may be incurred. Each purchase or charge shall serve to reaffirm this agreement. All accounts are C.O.D. unless payment terms are arranged with Paramount Acme Duplex, Inc.

My signature on this application authorizes any of the references and banks listed above to provide Paramount Acme Duplex, Inc. with any and all information requested.

Owner/Officer #1 _____ Owner/Officer #1 _____