



PO Box 480
Monett, MO 65708

Ph: 417-235-7821
Fax: 417-737-7140

BUSINESS CONTACT INFORMATION

Company Name _____ dba _____

Phone _____ Fax _____ E-mail _____

Registered Company mailing address _____

City _____ State _____ Zip _____

Date started _____ D&B _____ Fed ID _____

How long at current address by this ownership? _____ Your estimated annual sales _____

Subject to Sales Tax: Yes ___ No ___ Exemption No# _____ (Please provide exemption certificate)

Accounts Payable Contact: _____ Email Address: _____

Phone: _____

Sole proprietorship _____ Partnership _____ Corporation _____ Other _____

COMPLETE IF CORPORATION

President: _____

Address _____ City _____ State _____ Zip _____

Vice President: _____

Address _____ City _____ State _____ Zip _____

Sec/Treas: _____

Address _____ City _____ State _____ Zip _____

COMPLETE IF INDIVIDUAL OR PARTNERSHIP

#1 Principal (Owner): _____ Address _____

City _____ State _____ Zip _____ Phone _____

#2 Principal (Owner): _____ Address _____

City _____ State _____ Zip _____ Phone _____

BUSINESS SHIP-TO INFORMATION (IF DIFFERENT THAN MAILING ADDRESS ABOVE)

Ship to Address _____ City _____ State _____ Zip _____

Phone Number @ Ship-to Location _____

BANK INFORMATION

Bank name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

******PLEASE SIGN AND DATE ATTACHED BANK RELEASE FORM******

BUSINESS/TRADE REFERENCES

Company name _____ **Contact** _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Type of Account _____

Company name _____ **Contact** _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Type of Account _____

Company name _____ **Contact** _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Type of Account _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Window Technology, Inc (WinTech) to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____



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PLEASE SIGN BELOW FOR US TO OBTAIN CREDIT INFORMATION FROM YOUR BANK

X _____ Company _____

Date Signed _____

BELOW FOR CREDIT DEPARTMENT AND BANK USE ONLY

Bank Reference _____ Fax No _____

Attn: _____ Email _____

The above referenced company has given your bank as a credit reference. Please answer the questions below and return via email to dpoage@wintechinc.com (Diana Poage - Commodity Products) or msebastian@wintechinc.com (Mark Sebastian – Commercial Products) at your earliest convenience. All information will be held in strict confidence.
Thank You.

Credit Department
WINTECH

Our experience with the company has been:

DEPOSITORY ACCOUNTS: Date(s) opened _____

Average balances _____ If closed, when? _____ High Credit _____

LOAN ACCOMODATION: (Type/Amount)

Line of Credit _____ Term _____

Mortgage _____ Installments _____

Other _____ Amount(s) past due _____

BANK'S SIGNATURE

DATE