

GREAT LAKES TILE PRODUCTS CREDIT APPLICATION

Firm Name	
Street Address	
City State Zip	
Phone	Fax
E-mail Address	
Mail Invoices to	
Business Type	ship 🖵 Corporation
Date Incorporated	Number of Years in Business
Resale Number	
CREDIT CARD INFORMATION Visa MasterCa	ard 🗖 Discover 📮 American Express
Name (as it appears on card)	
Card #	Exp. Date Security Code
Credit Card Billing Address (if different than above)	
BANK INFORMATION —	
Name of Bank	
City State Zip	
Account Number	
Bank Phone Number	Fax
TRADE REFERENCES Please provide fax numbers ———	
Name	Phone
Address	
Name	
Address	Fax
Name	Phone
Address	Fax
Name	Phone
Address	Fax

CREDIT APPLICATION TERMS AND CONDITIONS

I (We) understand that the information furnished to you on page 1, as well as the information on this page, is for obtaining credit from Great Lakes Tile Products, Inc. for purchasing goods and products on a time/price basis. I (We) authorize Great Lakes Tile Products, Inc. to investigate my (our) credit history for this purpose. I (We) further represent that I am (we are) authorized to bind my (our) firm accordingly as set forth herein, and in the capacity stated. I (We) further understand that all accounts or monies due are net 30 days, shall be due and payable to Great Lakes Tile Products, Inc. at the address stated on this application, or such other address as may be provided to you. All accounts shall be paid in full within 30 days from invoice date. I (We) further agree that all past due accounts, notes or judgments shall automatically bear interest at the rate of (18%) per annum, or the maximum allowable rate, until paid.

I (We) further agree that in the event of non-payment of any debt to Great Lakes Tile Products, Inc. I (we) will be liable for and pay any collection or legal fees incurred in collection of such debt. I (We) further agree that any such charges for interest or costs, including any changes in the amount of rate thereof, does not and shall not be considered to materially alter or change this agreement or its terms. Any changes in the amounts or rate of such charges shall be effective upon notification with any statement or billing sent to our firm. All invoices which exceed 90 days past due, will be charged to credit card information on file as first option for restitution prior to seeking legal collections.

Signature (Officer/Owner)	Signature (Officer/Owner)
Name (Please Print)	Name (Please Print)

PLEASE FORWARD OR FAX TO THE FOLLOWING:

Great Lakes Tile Products, Inc. 341 South Street Rochester, MI 48307

phone 248.656.8100 fax 248.656.8108 E-mail_orders@GLTileProducts.com

