

266 West Mitchell Ave - Cincinnati, OH 45232 PH: (888) 568-8371 Fax: (888) 568-8370

FOR FAST CREDIT APPROVAL, FAX TO (888) 568-8370 OR E-MAIL TO credit@archlouvers.com

COMPANY NAME						
LEGAL NAME (IF I	DIFFERENT)					
STREET ADDRESS		CITY		STA	ТЕ	ZIP
MAILING ADDRESS		CITY		STATE ZIP		ZIP
TEL #	FAX #					
ACCOUNTS PAYA	BLE CONTACT		PHONE #			_
E-MAIL		SEND INV	OICES VIA: _	FAX	_ E-MAl	ILMAIL
	CORPORATION _		_ SOLE PROP	IETOR	_ GOVE	RNMENT
# YEARS IN BUSIN	IESSSTATE OF	INCORPORATION				
FEDERAL TAX ID	# (OR SOCIAL SECURIT	ΓY # IF APPLICABLE):				
P.O. REQUIRED?	YESNO AUT	HORIZED BUYER'S N	AME:			
	QUALIFY FOR SALES TA			_		
	FAX	NUMBER OR EMAIL R	EQUIRED			
TRADE REFERENCE	1	TEI	.#	FAX	#	
E-MAIL		CON	TACT			
TRADE REFERENCE	2	TEL	J#	FAX	#	
E-MAIL		CON	TACT			
TRADE REFERENCE	3	TEL	.#	FAX	#	
E-MAIL		CON	TACT			
TRADE REFERENCE	4	TEL	J.#	FAX	#	
E-MAIL		CON	TACT			
CORRECT. WE AGREE WE UNDERSTAND AND OF NET 30 DAYS FROM WHEN PAID SUBCONT INTEREST PER MONTH	D THIS APPLICATION TO OBT THAT CREDIT INQUIRIES M. D AGREE THAT ANY CREDIT I SHIPMENT DATE. WE UND RACTOR. WE ALSO UNDERS TO ANY BALANCE NOT PAI LT, TO PAY REASONABLE CO	AY BE MADÉ AND AUTHOR GRANTED SHALL BE PAID ERSTAND THAT ARCHITEC STAND AND AGREE THAT O D IN ACCORDANCE WITH:	RIZE THE RELEAS PROMPTLY IN A TURAL LOUVERS CREDIT GRANTOR SAID TERMS AND	SE OF SUCH IN CCORDANCE S IS A SUPPLIE R MAY ADD LI D AGREEMENT	IFORMATI WITH CRE ER AND IS EGAL RAT IS. WE AL	ON TO YOU. EDIT TERMS NOT A PAID E OF SO AGREE, IN
DATE	PRINTED NAME (& TITLE	SIGNATURE			
For Internal Use: Quote Number:	Requ	ested Amount:				
Received:	Approved:	Denied:		By:		