



Serenity
Sliding Door Systems

SerenitySlidingDoor.com | 719.212.6007 | Info@SerenitySlidingDoor.com
4710 Northpark Drive, Suite 100 Colorado Springs, CO 80918

FOR OFFICE USE ONLY

CUSTOMER ID:	
CREDIT LIMIT:	
TERMS:	
SALES REP:	
TERRITORY:	
APPROVED BY:	

BUSINESS CREDIT APPLICATION FORM

This application is made for the purposes of obtaining an account with Serenity Sliding Door Company. Applicant acknowledges that Serenity Sliding Door Company is relying on the information provided in this application and warrants that all statements in this application are complete, accurate, and truthful. Applicant further acknowledges that if this application is approved by Serenity Sliding Door Company, applicant and guarantor (if applicable) shall each be bound by the terms and conditions set forth in this application and in the Serenity Sliding Door Company's Standard Terms and Conditions ("Conditions"). All such Conditions shall govern each and every purchase hereafter made by applicant. This application constitutes applicant's and the undersigned guarantor's (if applicable) written consent to Serenity Sliding Door Company obtaining business and personal consumer credit reports for (a) the extension of credit, or (b) the collection of debt.

DATE _____ **CREDIT AMOUNT REQUESTED** _____

AUTHORIZING REPRESENTATIVE INFORMATION			
1) NAME	TITLE		
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		
SSN	% OF OWNERSHIP (IF APPLICABLE)		
2) NAME	TITLE		
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		
SSN	% OF OWNERSHIP (IF APPLICABLE)		
BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME		PHONE	
ADDITIONAL TRADE NAME (D/B/A)			
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS		FAX	
TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER			
DATE BUSINESS ESTABLISHED		STATE OF INCORPORATION	
NAME OF PARENT COMPANY, IF A SUBSIDIARY			
ADDRESS OF PARENT COMPANY			
EIN / SSN	SALES USE / TAX EXEMPT #		STATE OF PERMIT

CONTACT INFORMATION			
A/P CONTACT		A/P PHONE	
A/P EMAIL		A/P FAX	
BUSINESS BANKING AND CREDIT INFORMATION			
BANK NAME		BRANCH	
ROUTING #		ACCOUNT #	
CONTACT NAME		CONTACT PHONE	
ADDRESS	CITY	STATE	ZIP
CREDITSAFE COMPANY NUMBER			
APPROXIMATE NET WORTH OF BUSINESS			
ANTICIPATED MONTHLY PURCHASE AMOUNT			
AUTHORIZED REPRESENTATIVE'S CONSENT			

I accept on behalf of the business named above to the attached Terms and Conditions of Serenity Sliding Door Company. By signing below, I certify that I am an Authorized Representative, authorized to submit this application on behalf of the Applicant and that all information and documents provided in connection with this application are true, correct, and complete. I authorize Serenity Sliding Door Company to obtain balance, consumer, and business reports from and to report credit information to others. I acknowledge that this application is subject to final approval and that additional information may be required in order for Serenity Sliding Door Company to make a final credit decision. I agree to pay reasonable collection costs, court costs, and attorney's fees in enforcing Serenity Sliding Door Company's Terms and Conditions. This agreement shall be governed and construed by Colorado law and all legal action will take place in the County of El Paso.

AUTHORIZED REPRESENTATIVE NAME

DATE

AUTHORIZED REPRESENTATIVE SIGNATURE

TITLE

**PLEASE RETURN THIS COMPLETED AND SIGNED APPLICATION VIA EMAIL TO YOUR SALES REPRESENTATIVE OR TO
 {BUSINESS UNIT EMAIL ADDRESS}.**