



WINDOW CORP.

Credit Application

P.O. Box 166 - Route 100 - Pascoag, RI 02859-0166
Phone: (401) 568-3061
FAX: (401) 568-2273 (Manufacturing Sales)
FAX: (401) 568-7270 (Commercial Sales)
www.lockheedwindow.com

Date: \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Business Operates as \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship (include D.O.B.) \_\_\_\_\_

Tax-Exempt # \_\_\_\_\_ (If applicable, attach copy) Fed. ID/Social Security# \_\_\_\_\_

Credit Line Requested \$ \_\_\_\_\_

OWNER(S), PARTNER(S), OR CORPORATE OFFICERS

1. Name \_\_\_\_\_ Title \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

TRADE REFERENCES

1. Name \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Guaranty

To Lockheed Window Corp.:

Please send and deliver to (Purchaser) \_\_\_\_\_ or representatives, such goods, wares, and merchandise as they or their representatives may order and in consideration thereof I/we hereby fully guarantee and hold myself/ourselves personally responsible for the payment at maturity of the purchase price of all such merchandise so sold or delivered, whether evidenced by open account, acceptance, note or otherwise. I/we hereby waive notice of acceptance hereof, amounts of sales, dates of shipments or deliveries, notice of default in payment and legal proceedings against the purchaser.

This is intended to be, and shall be construed to be, a continuing Guaranty applying to all sales made by Lockheed Window Corp. to the aforesaid, and shall not be revoked by the death of the Guarantor(s) but shall remain in full force and effect until I/we or my/our Executors or Administrators shall have given notice in writing to make no further advances on the security of this Guaranty, and until such notice shall have been received by Lockheed Window Corp. It is understood and agreed that there is no limit to my/our liability under this guaranty. Now should it become necessary to place this Guaranty with an attorney for collection, suit or other legal action, I/we hereby agree to pay all costs of such collections, suit or other legal action, including a reasonable attorney's fee.

Witness my/our hand(s) this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_.

Witness: \_\_\_\_\_ Signature Guarantor: \_\_\_\_\_ Signature

Witness: \_\_\_\_\_ Signature Guarantor: \_\_\_\_\_ Signature

Applicant must complete back of form.

**BANK REFERENCES**

1. Bank Name \_\_\_\_\_ Phone#(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO CREDIT APPLICANT:**

Since many banks require that any information you wish them to submit to our Credit Department be given only with direct authorization by you, would you kindly fill out and sign the consent form below. This information will be kept strictly confidential.

**AUTHORIZATION TO RELEASE INFORMATION:**

I hereby authorize our bank to release any information necessary to assist in establishing a line of credit.

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Name/Title \_\_\_\_\_

1. Bank Name \_\_\_\_\_ Acct# \_\_\_\_\_ Type \_\_\_\_\_

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**FOR LWC CREDIT DEPT. USE ONLY:**

1. Credit Reference Name \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

Sold Since \_\_\_\_\_ Date of Last Sale \_\_\_\_\_ High Credit \_\_\_\_\_ Terms \_\_\_\_\_

Current Amount Due \_\_\_\_\_ Amount Past Due \_\_\_\_\_ Discounts \_\_\_\_\_

Pay Experience: Prompt: \_\_\_\_\_ Slow: \_\_\_\_\_ Days: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Credit Reference Name \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

Sold Since \_\_\_\_\_ Date of Last Sale \_\_\_\_\_ High Credit \_\_\_\_\_ Terms \_\_\_\_\_

Current Amount Due \_\_\_\_\_ Amount Past Due \_\_\_\_\_ Discounts \_\_\_\_\_

Pay Experience: Prompt: \_\_\_\_\_ Slow: \_\_\_\_\_ Days: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Credit Reference Name \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

Sold Since \_\_\_\_\_ Date of Last Sale \_\_\_\_\_ High Credit \_\_\_\_\_ Terms \_\_\_\_\_

Current Amount Due \_\_\_\_\_ Amount Past Due \_\_\_\_\_ Discounts \_\_\_\_\_

Pay Experience: Prompt: \_\_\_\_\_ Slow: \_\_\_\_\_ Days: \_\_\_\_\_

Comments: \_\_\_\_\_

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**FOR LWC CREDIT DEPT. USE ONLY:**

**SALESMAN:** \_\_\_\_\_ **CUSTOMER#** \_\_\_\_\_

\*Approved By \_\_\_\_\_ Date \_\_\_\_\_ **Credit Limit \$** \_\_\_\_\_

\*Approved By \_\_\_\_\_ Date \_\_\_\_\_ **Terms** \_\_\_\_\_

(\*Must have two (2) signatures)