

# KOPP GLASS, INC.

2108 Palmer Street  
Pittsburgh, PA 15218  
Phone (412) 271-0190  
Fax (412) 271-4103  
www.koppglass.com

## CREDIT APPLICATION

(complete each line and sign on page 2)

**\*\*URGENT\*\*ORDER PENDING PLEASE ADVISE ASAP**

Full Company Name: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ Ship to Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D & B Number: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P Phone Number: \_\_\_\_\_

A/P Email: \_\_\_\_\_ A/P Fax Number: \_\_\_\_\_

Normal Payment Method Used *circle either* Check or Wire

### For Shipping Information:

**Small packages:** Do you prefer FedEX or UPS as a small package carrier? \_\_\_\_\_

Up to what weight would you like a small carrier to be used? \_\_\_\_\_

FedEX or UPS Account Number: \_\_\_\_\_

**Large packages:** Who is your preferred carrier for truck shipments? \_\_\_\_\_

### Credit References:

#### **Banking Reference (1)**

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### **Trade References**

(1)

(2)

(3)

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### **Trade References**

(4)

(5)

(6)

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Should you be charged sales tax for the products that you receive from us?    yes    no

If no, please provide a sales tax exemption certificate with application.

Do you agree to pay within **our payment terms of 1/15, n/30**?    yes    no

Do you agree to our Terms and Condition of Sale Doc. Dtd 06-24-11?    yes    no

Number of Years in Business under Current Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



*2108 Palmer Street  
Pittsburgh, PA 15235  
Phone - 412-271-0190 – Fax 412-271-4103*

### ***Bank Authorization***

*I hereby give authorization to \_\_\_\_\_ and all its branches to release credit and account information to Kopp Glass, Inc. in order to establish a new account with them. Please fax the attached completed form to Kopp Glass, Inc. at 412-271-4103 as soon as possible.*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*City – State – Zip Code*

\_\_\_\_\_  
*Date*