ACE GLASS INCORPORATED

Multi-purpose New Account Form—U.S. & Canada

Ace Use Only:
Cr. Limit _____ Acct # _____
COD _____ Clr Ship w/ office _____
Cr. Inq. Sent _____ D&B rating _____
Salesperson_____

Complete Sections A-C as applicable and Fax to: 800-543-6752

Section A: New Account Setup Request

Account Name (Company or Individual): _____

Bill To Address: _____

_____

_____

Ship To Address: _____

_____

_____

Your Name: _____

Phone Number: _____ **Fax Number:** _____

E-mail Address: _____

Type of Business: _____ **# of Employees:** _____

Sales Tax Status: Ace is required to charge sales tax in specific states (U.S.). If you are exempt in a state, please attach a current copy of your exempt tax certificate (exempt use/resale/direct pay).

Name of Purchasing Contact: _____

Name of Accounting Contact: _____

Will payment be made via credit card? Yes No

Note: If you circled "no", please complete *Section B*.
If you circled "yes", but there may be future purchases via Purchase Order, complete *Section B.*

Section B: Application for Credit

We (Account Name) hereby apply for credit in accordance with the terms and conditions of:

Ace Glass Inc.
1430 NW Blvd., PO Box 688
Vineland, NJ 08362-0688

Phone: 800-223-4524 or 856-692-3333
Fax: 800-543-6752 or 856-692-8919
Terms: Net 30
Collection: If unpaid balances are referred to collection, it is understood that we are subject to expenses incidental to collection, including reasonable attorney fees.

Ownership: ☐ **Corporation** ☐ **Partnership** ☐ **Individual**

Federal ID/BN#: _____ **Dun & Bradstreet #:** _____

How long in business: _____

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Section B: Application for Credit --Continued

Bank Reference:

Bank Name: _____

Address: _____

_____

Account #: _____ Phone: _____

E-mail: _____ Fax #: _____

Bank Officer: _____

Credit/Trade References (3): (Name, Address, Phone, Fax and Email)

1. _____ Phone _____

_____ Fax _____

_____ Email _____

2. _____ Phone _____

_____ Fax _____

_____ Email _____

3. _____ Phone _____

_____ Fax _____

_____ Email _____

Section C: Certification

We certify that all information provided on this form is correct. If we have completed ***Section B***, we authorize the bank/credit/trade references listed to release required information to Ace Glass Inc.

_____ _____

Signature Date

_____

Print Name & Title

1430 NW Blvd., PO Box 688, Vineland, NJ 08362-0688, Ph. 800-223-4524, Fax 800-543-6752