



RENEE TURNER - GLASS/DOORS
Fax (276) 956-3020
VIRGINIA GLASS PRODUCTS CORPORATION

EMILY WOOD - MIRRORS
Fax (276) 632-2488
VIRGINIA MIRROR COMPANY INC.

CREDIT APPLICATION FORM

DATE: DATE YOUR COMPANY WAS ESTABLISHED:

COMPANY NAME

MAILING ADDRESS

STREET ADDRESS

CITY, STATE & ZIP CODE

TELEPHONE # FAX # TAXPAYER ID #

COUNTY YOU ARE LOCATED IN: TAX EXEMPTION #

***PLEASE PROVIDE YOUR STATES EXEMPTION CERTIFICATE IF VA. GLASS BLANKET CERTIFICATE NOT ACCEPTED ***

ARE YOU: INCORPORATED A PARTNERSHIP PROPRIETORSHIP

ACCOUNTS PAYABLE CONTACT: E-MAIL ADDRESS

NAMES OF OFFICERS OR OWNERS - THEIR TITLES

Three rows of lines for names and titles of officers or owners.

NAME, ADDRESS & PHONE # OF YOUR BANK:

ACCT # ACCT. OFFICER: PHONE # FAX #

PLEASE LIST REFERENCES (at least (4), including address, zip code, phone and fax numbers)

Four horizontal lines for listing references.

TERMS OF PAYMENT: Subject to the provisions of CREDIT APPROVAL above, terms of payment are as stated on Seller's Invoice, and shall be effective from date of invoice. **Past due balance will have a finance charge of 1.5% per month, 18% per annum.

The information contained herein is submitted by the undersigned for the purpose of obtaining credit. The undersigned expressly agrees to make payment in full to supplier for all purchases in accordance with sellers invoice(s) (and accepts Virginia Glass Products Corporation or Virginia Mirror Company, Inc's' General Terms and Conditions of Sale).

Should the undersigned default on any such payment, the undersigned expressly agrees to pay a late service charge on any amounts in default, and, at sellers option, all amounts owed to seller by the undersigned shall become immediately due and payable. The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by seller in the collection of any obligation of the undersigned pursuant hereto. This agreement shall become effective when accepted by sellers authorized representative.

The undersigned shall not transfer or assign this agreement without the prior written consent of Virginia Glass Products Corporation or Virginia Mirror Company, Inc.

SIGNATURE OF OFFICER OR OWNER

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Company: _____

Bank Account #: _____

We hereby authorize and give permission to:

(Bank)

(Street Address)

(City, State, Zip Code)

For the sole purpose of providing credit information concerning our account(s) to VIRGINIA MIRROR COMPANY, INC/VIRGINIA GLASS PRODUCTS CORP. - P O BOX 5431 - Martinsville, VA 24115 - phone: 276-632-9816 fax: 276-632-2488 Email: rturner@va-glass.com

Dated: _____

By: _____

Title: _____