



2025-E Porter Lake Drive • Sarasota, Florida 34240  
Phone (941) 378-0051 • Fax (941) 377-9245  
Toll Free (800) 881-0051

## **CUSTOMER APPLICATION**

Please, fill this application out completely. Unsigned or incomplete applications cannot be processed as most banks will not release information without your approval.

Quality Enclosures, Inc. is a manufacturer and distributor in the glass industry. We sell wholesale only. Acceptance of this completed application does not constitute an offer to sell or to extend credit. Because we work on a wholesale level only, we will not quote prices before we receive this completed application. We will verify your trade and bank references. Upon receipt of the requested information, we will notify you of your account status. You may fax the application to us, however in order for us to fully process your application, please mail the original.

Until such time as Quality Enclosures, Inc. extends account privileges, accepted orders will be on a prepayment or COD cash basis only. When open account privileges are granted, we allow a 2 percent discount if you pay invoices no later than the 10 days after receipt of merchandise. Your full balance is due 30 days after receipt of merchandise. All balances post due will be subject to a 1 1/2% per month service charge. If you wish to purchase from Quality on a COD basis, we still need this application filled out. Bank "starter, checks, or checks without your company name cannot be accepted for COD orders without advance approval from Quality.

We look forward to working with you. If you have any questions, don't hesitate to contact us.

**SUPERIOR TUB AND CUSTOM SHOWER DOORS  
ELEGANT MIRROR CLOSET DOORS**

# COMPANY INFORMATION PLEASE FILL OUT COMPLETELY

(Please Print)

Full Company Name \_\_\_\_\_ Tax I.D. (Resale) # \_\_\_\_\_

D/B/A/ \_\_\_\_\_

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

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Is your business a:

Corporation       Partnership       Single Proprietorship

How long have you been conducting business under this name? \_\_\_\_\_

Is your company owned by another company?     Yes     No

Name of parent company \_\_\_\_\_

Have you, or anyone associated with or having an interest in your company, done business with Quality before under this or any other name? \_\_\_\_\_ What name? \_\_\_\_\_

Do you require a written P.O.?     Yes     No      Anticipated monthly purchases \$ \_\_\_\_\_

Do you have any special shipping instructions (such as hours you are open, garage door restrictions, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

## PRINCIPALS\*

\*If corporation, list major stockholders. If partnership, list all partners. If sole proprietorship, list owner.

Name \_\_\_\_\_  
Home  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Home  
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Home  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Home  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

SS # \_\_\_\_\_

SS # \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Person(s) authorized by you to order merchandise from Quality:    Position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Bookkeeper(s): \_\_\_\_\_