



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): _____

TRADE REFERENCES (Please Print or Type)

1. Company
 Name _____
 Address _____

 City _____ State _____ Zip _____
 Tel. _____ Fax _____
 Contact _____ Acct. No. _____

OFFICE USE ONLY

Date Sent _____ By _____
 Balance _____
 Terms _____
 Date of last sale _____
 How long sold _____
 Highest recent credit _____

2. Company
 Name _____
 Address _____

 City _____ State _____ Zip _____
 Tel. _____ Fax _____
 Contact _____ Acct. No. _____

Date Sent _____ By _____
 Balance _____
 Terms _____
 Date of last sale _____
 How long sold _____
 Highest recent credit _____

3. Company
 Name _____
 Address _____

 City _____ State _____ Zip _____
 Tel. _____ Fax _____
 Contact _____ Acct. No. _____

Date Sent _____ By _____
 Balance _____
 Terms _____
 Date of last sale _____
 How long sold _____
 Highest recent credit _____

Bank Name _____
 Address _____

 City _____ State _____ Zip _____
 Contact(s) _____ Tel. _____
 Type of Account _____ Acct. No. _____
 Type of Account _____ Acct. No. _____

Date Sent _____ By _____
 Any NSF Chks Yes _____ No _____
 Avg. Balance _____
 How Long Acct. _____
 Verified By _____
 Borrowing Acct. _____
 Comments _____

It is agreed that the undersigned in consideration of Quality Enclosures, Inc. selling merchandise to the company applying herein for credit do each hereby personally and individually guarantee payment to Quality Enclosures, Inc. In addition, the undersigned guarantors and the company agree to pay service charges of 1 1/2% per month on all balances which are past due; and should Quality Enclosures, Inc. deem it necessary to place the account with an attorney or collection agency for collection, the company and the undersigned each agree individually to pay attorney fees equal to 25% of the balance due plus court costs, in addition to the actual balance due and owing. The above applies to any and all renewals and/or modifications of Quality's selling terms to the company applying for credit. This guarantee cannot be changed or terminated except in writing with such notice delivered to Quality Enclosures, Inc.

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____



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RELEASE AUTHORIZATION

I, _____ (President, Owner, Partner) hereby give permission to _____ (Bank Name) to release all necessary written credit reference information requested by Quality Enclosures, Inc. for the purpose of obtaining a commercial line of credit.

Bank Account Number _____ Type of Account _____

Company Name _____

Address _____

City, State, Zip _____

Signature _____

Title _____

Date _____