

CUSTOM GLASS FABRICATORS, INC.

Purchase Agreement

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I/We agree to the terms and conditions of purchase as stated herein.

A. <u>Business Information</u>		
Business Name:	Contact:	<u></u>
Address:		
	Fax#: ()	
City:	State: Zip:	
Type of Business:		
Year Business Started:	Number of Locations:	
Seller's Permit Number: (Please enclose a copy of reseller's permit Number:	ermit)	
Has Company ever filed for Bankruptcy?		
Business Classification: Sole Proprietorship Corporation Other	Please State	
B. <u>Business Background Information</u>		
In the space provided below, please provided us at this time:	ide the history of the company and any other pertinent infor	mation you would like to
C. Personal Information - Principal(s)/(President/Vice-President)	
Name:		
Address:		<u></u>
Telephone #: ()	Social Security #:	<u></u>
Drivers License Number:		



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Name:		_
Address:		_
Telephone #: ()	Social Security #:	_
Drivers License Number:	<u> </u>	
C.O.D. Policy:		
	ect. I/We hereby give my/our personal continuing g , to pay any and all collection costs, including intere	
New orders will require pre-payment by a certificustomers according to current CUSTOM GLASS FA	ied or cashier's check. Open account status will b	e granted to qualified
Please acknowledge receipt by signing and return ten (10) days from the time of mailing.	ning the original copy of this letter. This must be retu	urned by <i>no later thar</i>
	oonsible for damages and discrepancies if it is not re at exceed \$500 will require a 50% non-refundable d	
Signature:	Date:	
Title:		
Signature:	Date:	
Title:		