



M. Glosser & Sons, Inc.

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814-533-2818

APPLICATION FOR CREDIT

PLEASE PRINT

NAME	_____	PHONE #	_____
ADDRESS	_____	CELL PHONE #	_____
CITY, ST, ZIP	_____	FAX #	_____
COUNTY	_____	EMAIL ADDRESS	_____
FEDERAL TAX ID	_____	D-U-N-S NUMBER	_____

FORM OF ORGANIZATION

Corporation Parent Proprietorship

Select how you would like to receive invoices (check all that apply):

<input type="checkbox"/> US MAIL	_____	COMPANY NAME	_____
<input type="checkbox"/> same address as above	_____	ADDRESS	_____
		CITY, ST, ZIP	_____
<input type="checkbox"/> EMAIL ADDRESS	_____		
<input type="checkbox"/> FAX NUMBER	_____	ATTN	_____

TAX EXEMPT
Forward signed tax exemption form if exempt.

NAME OF PARENT (if applies) _____

OWNER OR PARTNER NAME _____

ADDRESS OF OWNER _____

CITY, ST, ZIP OF OWNER _____

HOME PHONE WITH AREA CODE _____

TYPE OF BUSINESS _____ YEAR STARTED _____

PARTNERS OR OFFICERS

1. NAME _____	2. NAME _____	3. NAME _____
TITLE _____	TITLE _____	TITLE _____

BANK REFERENCE

BANK	NAME OF BANK _____	PHONE # _____	FAX # _____	CONTACT NAME _____
ADDRESS	STREET _____	CITY _____	STATE _____	ZIP CODE _____
TYPE OF ACCOUNT	<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Real Estate Mortgage	
	ACCOUNT NUMBER _____	ACCOUNT NUMBER _____	ACCOUNT NUMBER _____	

TRADE REFERENCES

FAX Numbers are preferred

1. NAME _____	PHONE # _____
ADDRESS _____	FAX # _____
2. NAME _____	PHONE # _____
ADDRESS _____	FAX # _____
3. NAME _____	PHONE # _____
ADDRESS _____	FAX # _____

DATE _____ SIGNED BY _____