



PO Box 480
Monett, MO 65708

Ph: 417-235-7821
Fax: 417-737-7140

BUSINESS CONTACT INFORMATION

Company name:		dba:	
Phone:	Fax:	E-mail:	
Registered company mailing address:			
City:		State:	ZIP Code:
Date started:	SSN:	Fed ID:	
Subject to Sales Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Exemption No:		(Please forward copy of exemption certificate)	
Accounts Payable Contact:		Phone:	
Sole proprietorship:	Partnership:	Corporation:	Other:

COMPLETE IF CORPORATION

Corporate Name:			
President:			
Address:			
City:		State:	ZIP Code:
Vice President:			
Address:			
City:		State:	ZIP Code:
Sec/Treas:			
Address:			
City:		State:	ZIP Code:

COMPLETE IF INDIVIDUAL OR PARTNERSHIP

#1 Principal (Owner):			
Address:			
City:		State:	ZIP Code:
Phone:			
#2 Principal (Owner):			
Address:			
City:		State:	ZIP Code:
Phone:			

BUSINESS AND CREDIT INFORMATION

Ship to address:			
City:		State:	ZIP Code:
How long at current address by this ownership?			
Telephone:		Fax:	E-mail:
Bank name:		Contact:	
Bank address:		Phone:	Fax:
City:		State:	ZIP Code:
TYPE OF ACCT.	ACCOUNT NUMBER:		
Savings			
Checking			
Other			
D & B No:		Your estimated annual sales:	

BUSINESS/TRADE REFERENCES			
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Window Technology, Inc. (WinTech) to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Title:		Title:	
Date:		Date:	