



Customer Credit Application

Please return completed form to BNSales@Saint-Gobain.com or fax to 716-691-2090

Company Name			
Legal Form of Business (Corporation, Partnership, etc.)			
Corporate Affiliation (Parent company name & address)			
Number of years in business			
Number of Employees			
Federal ID Number			
D&B Number			
Tax Exempt Status		<input type="radio"/> No <input type="radio"/> Yes (If tax exempt, please include copy of Tax Exempt Certificate)	
Customer Bill To		Customer Ship To (if different than Bill To)	
Company/Org		Company/Org	
Address		Address	
State		State	
Zip		Zip	
Country		Country	
Contact Name		Contact Name	
Email		Email	
Phone		Phone	

Company Officers/ Owners:

Name:		Title:	
Name:		Title:	
Name:		Title:	

US Trade References:

1.	Name:	
	Address:	Fax:
2.	Name:	
	Address:	Fax:
3.	Name:	
	Address:	Fax:

Company's Bank Details:

Bank's Name:	
Officer's Name:	Phone:

NOTE: It is understood and agreed that payment is due according to our standard N30 Day terms. Any deviation must be approved by Saint-Gobain. If third party action is required for collection of charges, applicant hereby agrees to pay all costs incurred.

Agreement Signature ((please print and sign, return a signed copy to BNSales@Saint-Gobain.com)	Signature	Date