



# M. Glosser & Sons, Inc.

72 Messenger Street • Johnstown, PA 15902

Telephone  
814-533-2800

Toll Free  
800-772-2450

Fax  
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):

US MAIL    \_\_\_\_\_  
 same address as above    \_\_\_\_\_  
 EMAIL ADDRESS    \_\_\_\_\_  
 FAX NUMBER    \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, ST, ZIP \_\_\_\_\_  
 ATTN \_\_\_\_\_

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**TAX EXEMPT**

Forward signed tax exemption form if exempt.

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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**     Loan     Checking     Real Estate Mortgage  
 ACCOUNT NUMBER    \_\_\_\_\_    ACCOUNT NUMBER    \_\_\_\_\_    ACCOUNT NUMBER    \_\_\_\_\_

**TRADE REFERENCES**

\*\*\*\*\*  
 FAX Numbers are preferred  
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1. NAME _____	PHONE # _____
ADDRESS _____	FAX # _____
2. NAME _____	PHONE # _____
ADDRESS _____	FAX # _____
3. NAME _____	PHONE # _____
ADDRESS _____	FAX # _____

DATE \_\_\_\_\_    SIGNED BY \_\_\_\_\_