



Interglass Corp.

New Customer Application

1. **COMPANY NAME (DBA):** _____
Legal Name (if different than above): _____
Billing Address _____ P.O. Box _____
City _____ State _____ Zip _____ Country _____
Website _____ Phone (____) _____
Email Address _____ Fax (____) _____
2. **SHIP TO ADDRESS** (if different than above): *Note: We do not deliver to residential addresses.*
Address _____
City _____ State _____ Zip _____ Country _____
3. **HOURS OF RECEIVING:** ____:____ AM ____:____ PM
4. **MAIN CONTACTS:**
Purchasing Contact _____ Email _____
Accounts Payable Contact _____ Email _____
5. **SALES TAX:** Is your organization tax exempt? Yes No
If yes, submit a Tax Exemption Certificate if located in Florida or Georgia.
6. Attach www.Sunbiz.org company report if in Florida.
7. **GENERAL INFO:** Year business started _____ FEIN _____ D&B _____
8. **TYPE OF ORGANIZATION:** Corporation LLC Partnership Sole Proprietorship
9. Have you ever done business with us under any other business name? Yes No
If yes, under what company name _____
10. Have you or a corporation owned by you ever filed bankruptcy or had any involuntary bankruptcy proceeding, receivership or like proceeding filed against you? Yes No If yes, what year _____
11. **OWNER(S) OF THE COMPANY:**
- | | |
|---------------------------|---------------------------|
| Name _____ | Name _____ |
| Home Address _____ | Home Address _____ |
| City/State/Zip _____ | City/State/Zip _____ |
| Mobile Phone (____) _____ | Mobile Phone (____) _____ |