



M. Glosser & Sons, Inc. (05)

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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 _____

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

DATE _____ SIGNED BY _____