

LENOIR MIRROR COMPANY
PO Box 1650
Lenoir, NC, 28645

Phone (828) 728-3271
FAX (828) 728-5010

PROSPECTIVE CUSTOMERS: **Please supply fax numbers with your references**, fax the completed form to us at the above fax number. Thank you.

Please provide the following so that Lenoir Mirror Company can properly consider your request for an open account.

1. Company Name _____
2. Bill to Address _____ Phone: _____
3. City, State, Zip _____ Fax: _____
4. Ship to Address _____
5. City, State, Zip _____
6. Type of Legal Entity: Corp _____ Partnership _____ Proprietorship _____ Other _____
7. Length of time in business _____
8. Person to be contacted concerning your account _____
Title _____ Phone No. _____
9. What will be your approximate monthly purchase volume: _____
10. What credit line are you requesting \$ _____
11. Please provide four (4) trade references other than Banks and Glass Suppliers. They do not respond to our request. Please supply name, address and **FAX** numbers.

(1) _____ _____ _____ FAX _____	(2) _____ _____ _____ FAX _____
(3) _____ _____ _____ FAX _____	(4) _____ _____ _____ FAX _____

I declare that the information above is accurate and that I am authorized by my company to execute this credit application. I agree to Lenoir Mirror's standard terms of 1% 10 days, Net 30 Days and further agree to pay late charges at an annual rate of 18% on balances unpaid after 30 days. Please return the original copy, signed for our files. Thanks!!

Signature _____ Title _____
 Printed Name _____ Date _____
 Telephone _____

YOU MAY RECEIVE YOUR ACKNOWLEDGEMENTS AND INVOICES IN SEVERAL WAYS. PLEASE INDICATE YOUR PREFERENCES.

ACKNOWLEDGEMENTS MAIL _____ FAX _____ E-MAIL _____
INVOICES MAIL _____ FAX _____ E-MAIL _____

YOUR FAX NUMBER _____

YOUR EMAIL ADDRESS _____

LMC Office Use Only		
Approved:	Yes	No
Customer #: _____		
Terms: _____		