



Credit Application

P.O. BOX 98, SPRINGVALE, ME 04083
www.advancedbuildingproducts.com

PHONE: 1-800-252-2306
FAX: 1-207-490-2998

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Invoices to: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Accounts Payable Contact: _____ Phone: _____

Year Business Began: _____ Type of Business: Wholesale _____

Retail _____

Parent Company: _____ Other _____ Specify _____

Re-Seller Number: _____ * Please attach a copy of reseller certificate with this document

Present Suppliers:

Name	City & State	Telephone	Fax Number
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____

* Advanced Building Products requires 4 references to respond. You may provide more if available.

Signature / Title _____

Date _____



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To Whom It May Concern;

We _____ have applied for Credit with
(Company)

Advanced Building Products, Inc., and have provided them with our bank account information. I authorize the release of information pertaining to the below referenced account(s) to Advanced Building Products and/or their Agents for the purpose of determining credit terms. Please provide the below requested information to facilitate this process. Your help in this matter is greatly appreciated.

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

Bank Name/Address: _____

Telephone: _____ Fax: _____

Email: _____

Account Number: _____ Officer to Contact: _____

Additional Accounts: _____

Accounts:

Checking: _____ Date Account Opened: _____ Daily Average Balance: _____

Savings: _____ Date Account Opened: _____ Daily Average Balance: _____

Other/LOC: _____ Date Account Opened: _____ Daily Average Balance: _____

Has the client had any overdrafts / NSF? _____ If yes, please explain: _____

Signature / Title

Date