



Quality Architectural Aluminum Products

One Emerald Street
 Norwalk, CT 06850 USA
 (800) 533-8272 FAX (888) 966-9347
 www.evansdistribution.com

APPLICATION FOR CREDIT

NAME OF ACCOUNT TO BE HELD IN: _____
 MAILING/SHIPPING ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 TELEPHONE NUMBER: _____ FAX NUMBER: _____
 NAME OF PRESIDENT/OWNER: _____
 NAME OF A/P MANAGER: _____
 TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____
 REQUESTED CREDIT LINE: _____

NAME OF BANK: _____ ACCOUNT NUMBER: _____
 BANK ADDRESS: CITY, STATE, ZIP CODE: _____
 BANK TELEPHONE NUMBER: _____ CONTACT NAME: _____

PLEASE LIST MAJOR SUPPLIERS TO YOUR BUSINESS THAT YOU HAVE TERMS WITH:

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone No.:	Telephone No.:
Fax No.:	Fax No.:
Contact:	Contact:

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone No.:	Telephone No.:
Fax No.:	Fax No.:
Contact:	Contact:

INDIVIDUAL PERSONAL GUARANTEE

(Execution required for processing of Application)

I, (Name) _____, residing at (Home Address, City, State, Zip Code)

for and in consideration of your extending credit at my request to (Company Name) _____

of which I am (Title) _____, hereby personally guarantee payment to Evans Distribution, Inc. As a purchaser of merchandise from Evans Distribution, Inc., I both personally and individually agree to the terms of net 30 days and that I will be held fully responsible for all attorney or collection fees incurred should my account be in default. Furthermore, I agree and accept my responsibility that should the business not meet its obligations, all collection costs, attorney fees, and a interest charge of 1-1/2% per month will be levied on any past due balance.

Print Name: _____ Title: _____
 Signature: _____ Date: _____