

**CREDIT APPLICATION**

Please return to White Glove Cleaning, Inc, South Jordan, UT.  
Office (801) 446-7144 \* Fax (801) 446-8737 \* Toll Free (888) 684-3808

**Please fill out the form, print out, SIGN THE BOTTOM and fax to 801-446-8737.**

Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Toll Free ( ) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Date Established: \_\_\_\_\_  
E-MAIL Address \_\_\_\_\_

List Names & addresses of Officers or Owners

NAME	ADDRESS	TITLE

BANK NAME & ADDRESS

Acct # \_\_\_\_\_ Bank Phone # \_\_\_\_\_ Gross Annual Income \_\_\_\_\_

List Suppliers with whom you have been doing business on an open account

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

EXEMPT FROM SALES TAX?  YES  NO TAX # \_\_\_\_\_

If **YES**, you must provide us with your Certificate of Resale Tax number. Otherwise we must charge tax.

I/we understand that the terms of sale are net 30 days, and agree to pay all invoices in accordance with these terms.  
I/we further agree to pay all collection costs, including attorney fees that might be incurred in the event of non-payment. I  
I/we authorize White Glove Cleaning, Inc to do a credit check. Past due invoices are subject to a late fee of 1 1/2% per month.  
Signer(s) represents and warrants that He/She has full authority to obligate the above buyer as set forth herein.

If Corporation-Officers must sign. If Proprietorship-Owners must sign. If Partnership-Partners must sign

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_