



Interglass Corp.

New Customer Application

1. **COMPANY NAME (DBA):** _____
 Legal Name (if different than above): _____
 Billing Address _____ P.O. Box _____
 City _____ State _____ County _____ Zip _____
 Website _____ Phone (____) _____
 Email Address _____ Fax (____) _____
2. **SHIP TO ADDRESS** (if different than above): *Note: We do not deliver to residential addresses.*
 Address _____
 City _____ State _____ County _____ Zip _____
3. **MAIN CONTACTS:**
 Purchasing Contact _____ Email _____
 Accounts Payable Contact _____ Email _____
4. **SALES TAX:** Is your organization tax exempt? Yes No If yes, submit a Tax Exemption Certificate
5. Attach www.Sunbiz.org company report.
6. **GENERAL INFO:** Year business started _____ FEIN _____ D&B _____
7. **TYPE OF ORGANIZATION:** Corporation LLC Partnership Sole Proprietorship
8. Have you ever done business with us under any other business name? Yes No
 If yes, under what company name _____
9. Have you or a corporation owned by you ever filed bankruptcy or had any involuntary bankruptcy proceeding, receivership or like proceeding filed against you? Yes No If yes, what year _____
10. **OWNER(S) OF THE COMPANY:**

Name _____	Name _____
Home Address _____	Home Address _____
City/State/Zip _____	City/State/Zip _____
Mobile Phone (____) _____	Mobile Phone (____) _____