



GLASER & ASSOCIATES ACCOUNT APPLICATION

Please complete this form and fax it to (925) 228-3220

A Glaser and Associates, Inc. Representative will contact you within one business day.

Company Name _____

Billing Address _____

Shipping Address _____

Accounting Telephone # _____

Job Telephone # _____

Ownership: Corporation ___ Partnership ___ Sole Proprietor ___

Principal Owners/Officers:

Name _____ Title _____

Name _____ Title _____

P.O. # Required? _____

California Sales Tax Charged? _____

% Amount ? _____

County? _____

Resale # _____

(Please fax copy of Resale Card/Certificate)

Trade References:

Name _____ Telephone # _____ Fax # _____

Name _____ Telephone # _____ Fax # _____

Name _____ Telephone # _____ Fax # _____

Name _____ Telephone # _____ Fax # _____

Bank Name: _____ Telephone # _____

Account # _____ Contact Person: _____

It is understood that in the event that credit is extended to the applicant, all invoices are due and payable in 30 days from date of invoice.

Signed _____

Title _____

Date _____