



Gilded Mirrors and Glass LLC



5002 US Hwy 411 South

Maryville, TN 37801

Office: 865.856.3066 | Fax: 865.856.6833

www.GildedMirrorsInc.com

CREDIT APPLICATION

Approximate Credit Line Required: \$ _____ Date: _____

Company Name: _____ FEIN#: _____

Billing/Mailing Address: _____ Shipping Address: _____

Phone: _____ Fax: _____ Date Established: _____

Business Description: _____ Full-time employees: _____

Accounts Payable Name: _____

A/P Phone: _____ A/P Email: _____

Officers: List all officers or partners below:

Name	Title	Address / City / State / Zip	Social Security #

References: List one company bank reference and three trade references with complete address, phone and email.

Trade Reference	Contact Name	Email	Phone
Bank	Branch Location	Acct#/Officer	Phone #

We the undersigned certify that the information contained herein is accurate and if credit is extended under this application, agree to the following:

- To pay balances due per the payment terms as noted within the Gilded Mirrors and Glass LLC invoice:
- For balances not paid within terms, the current monthly service charge will be added to the balance due;
- In the event of payment default, to pay all costs associated with collection including attorney fees; and
- To immediately report any changes in business ownership or officers.

Signature: _____ Title: _____ Date: _____

Return your completed Credit Application to: office@gildedmirrorsinc.com



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TAX EXEMPT STATUS

To our customers outside of Tennessee who are Tax Exempt:

It is necessary that we have a statement from our Customers stating that they are tax exempt and that we have on file their certificate of resale for their state. Please complete the BLANKET CERTIFICATE OF RESALE below, and return it to us.

BLANKET CERTIFICATE OF RESALE
Purchaser: _____
Address: _____
This is to certify that all material, merchandise, or goods purchased by the undersigned from
GILDED MIRRORS AND GLASS LLC
After: _____ is purchased for the following purpose(s):
<input type="checkbox"/> Resale of tangible personal property. <input type="checkbox"/> To be incorporated as material or part of other tangible personal property to be produced for sale by manufacturing, assembly-processing or refining. <input type="checkbox"/> To be exported for sale, use or consumption outside the continental limits of the United States.
Certificate Number: _____
Signature: _____

OR

To our customers who are **NOT** Tax Exempt:

In compliance with Sales and Use Tax Laws, it is necessary that we have a statement from our Customers stating that they are not tax exempt and are required to pay sales tax to the State in which they reside. They hereby acknowledge that any sales tax due will be paid to their State by them as Taxable Purchases. (Including taxable purchases from out of state vendors).

Name: _____	
Address: _____	

We are not tax exempt and hereby agree to remit the tax due for our State tax authority.	
Name (please print): _____	Signature: _____
Title: _____	Date: _____