

Express Window Films

APPLICATION FOR CHECK ACCEPTANCE

THIS APPLICATION MUST BE FILLED OUT AND SUBMITTED BEFORE YOUR CHECKS WILL BE ACCEPTED AS PAYMENT FOR ORDERS SHIPPED TO YOUR COMPANY

Company Name			
Contact Person			
Address			
City	State	Zip Code	Phone
Cell Phone	Fax	Email	

About Your Company:

Owner's Name	Owner's Home Address
Number Of Years In Business	Sales Tax ID Number
Incorporated? (Yes or No)	Federal (EIN) Number
Do You Own The Property Where The Business Operates From? (Yes or No)	

Bank Authorization (To Release Information About Your Account)

Bank Name	Account Number
Name Of Bank	
Address	
City / State / Zip	
The undersigned hereby authorize the bank listed above to release historical information regarding the account named above to Express Window Films.	
AUTHORIZED SIGNATURE ON ACCOUNT: X	

Personal Guarantee:

I, the undersigned, hereby personally guarantee any and all checks written to **Express Window Films** as payment for goods shipped, should any checks be dishonored for any reason whatsoever by my bank. In the event of a lawsuit for collection, I agree to pay reasonable attorney fees and court costs incurred by **Express Window Films** as well as all collection agency fees incurred.

Signed: X: _____

Send Completed Application **Via Fax To: (203)798-2253**

Or Mail To:

Express Window Films
PO BOX 406
Brewster, NY 10509-0406

NOTE: Depending upon your bank's cooperation and policies, allow 7-10 business days for processing. In the event that your bank does not honor our request for account information, we will not be able to accept your checks.