

# CREDIT APPLICATION

Fax: 646-519-4723

## COMPANY INFORMATION

NAME:	GB SALES PERSON (optional):
ADDRESS:	DATE BUSINESS STARTED:
	ESTIMATED ANNUAL SALES:
CITY/STATE/ZIP:	Total Assets:
PHONE:	Total Liabilities:
ACCOUNT #	FEDERAL ID#

## NAMES OF OWNERS, PARTNERS, PRESIDENT & ACCOUNTS PAYABLE CONTACT

NAME:	TITLE:

## TRADE REFERENCES - 4 Required, with Fax Numbers\*

NAME	ADDRESS	FAX*	PHONE
1)			
2)			
3)			
4)			

## BANK INFORMATION

BANK 1:	BANK 2:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE:	PHONE:
ACCT#	ACCT#

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR CREDIT TERMS. ALL SALES ARE CONDITIONAL UPON PAYMENT.

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_