

## **Customer Contact Form & Credit Application**

## Name/Address

Name of Business:		
Address:		
City:	State:	ZIP:
Phone:		Fax:
Mailing Address (if different from above):		
City:	State:	ZIP:

## **Company Information**

Type of Business:	e of Business: In Business Since:			
Legal Form Under Which Business Operates:		Federal ID Number:		
Corporation Partnership Prop	prietorship□			
If Division/Subsidiary, Name of Parent Cor	Division/Subsidiary, Name of Parent Company:		ce:	
Name of Business Contact Responsible for Accounts Payable: Title:				
Phone: Fax:				
Email Address:				
Bank Name:	Branch Location:			
Three Vendor References				
1) Vendor:	Contact Name:		Phone:	
2) Vendor:	Contact Name:		Phone:	
3) Vendor:	Contact Name:		Phone:	

Please don't forget to fill out your Accounts Payable Information. This is essential if you want us to set up terms for you. Otherwise, payment for all orders will be due on receipt. Thank you!

**Terms and Conditions:** All payments must arrive in the GTF office by or before the due date given by your terms. Any invoices not paid by the due date will be subject to a 1.5% Finance Charge (18% APR) at our discretion. Any payments that are returned due to insufficient funds will be assessed a \$25 charge per occurrence. Accounts that are beyond terms for 30 or more days will be put on a COD basis. At our discretion, deliveries may be suspended until the account is made current.

Title:\_\_\_\_\_

Signature: