



Business/Individual Credit Application & Account Agreement

Date: _____ Federal ID#: _____ Social Security #: _____

Business / Individual Name: _____

Select One: [] Individual [] Sole Owner [] Partnership [] Corporation

Delivery Address:

Address Line 1: _____

City: _____ State: _____ Zip: _____

Mailing Address:

Address Line 1: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number#: _____

Accounts Payable Contact

Name: _____ Phone Number: _____

List name(s) and title(s) of corporate officer(s), partner(s), owner(s):

Name/Title: _____

Address: _____

Social Security: _____

Name/Title: _____

Address: _____

Social Security: _____

Name/Title: _____

Address: _____

Social Security: _____

Business / Individual Information

Years in Business:: _____ Years at Present Address: _____ No. of Locations: _____

Type of Business: _____ Credit Line Desired: _____

Are Purchases for Resale?:

If yes, please fill out the Resale Certificate Form on our website in addition to this document:

[☐] Yes [☐] No

Credit References:

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone #: _____	Phone #: _____	Phone #: _____

Bank References:

Name/Branch: _____	Name/Branch: _____	Name/Branch: _____
_____	_____	_____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Account #: _____	Account #: _____	Account #: _____

Select One: [☐] Checking [☐] Savings [☐] Loan

Account Agreement

I HEREBY MAKE APPLICATION FOR AN ACCOUNT WITH GUNDIE'S INC. WITH THE UNDERSTANDING THAT EACH STATEMENT IS TO BE PAID IN FULL ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF PURCHASE. THE BALANCE DUE AFTER 30 DAYS WILL BEAR INTEREST AT THE RATE OF 1.5% PER MONTH. OVERDUE ACCOUNTS WILL BE C.O.D. UNTIL UNPAID BALANCE IS PAID IN FULL.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH AGREED TERMS. IF GUNDIE'S INC. EMPLOYS A COLLECTION SERVICE OR ATTORNEY TO COLLECT OF SAID ACCOUNT, APPLICANT COVENANTS AND AGREES TO PAY COLLECTION COSTS AND ATTORNEY FEES.

APPLICANT HEREIN, WARRANTS AND REPRESENTS THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT AND AGREES TO PAY HIS ACCOUNT IN ACCORDANCE WITH THE TERMS AS SET FORTH HEREIN.

TERMS AND CONDITIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

Business / Individual Name: _____ Date: _____

Name: _____ Title: Owner/ Corporate Officer

Sign Here: _____