Gordon Brush Mfg. Co., Inc.
BIGGER BETTER BRUSH IDEAS

APPLICATION FOR CREDIT

Company Name_____ Telephone_____ Fax No._____

Address_____ Web Site Address: _____

City, State, Zip Code_____

Type of Business_____ A/P Contact_____ A/P Phone _____

A/P Fax _____ A/P email _____

Corporation in State of_____ Partnership_____ Proprietorship_____ Year Established_____

Federal Tax I.D. Number_____ Resale Certificate No._____

Officers:_____ Title_____

_____ Title_____

TRADE REFERENCES

Company Name	Address	Telephone	Fax Number
1)			
2)			
3)			
4)			

BANK INFORMATION

Name of Bank_____ Contact_____

Address_____

Acct. No_____ Telephone_____ Fax No._____

I/We hereby certify that the above information is given for the purpose of obtaining credit with Gordon Brush Mfg. Co., Inc. and is warranted to be true. I/We hereby authorize Gordon Brush Mfg. Co., Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document is as valid as the original. **If credit is extended, I/we agree that invoices will be paid within 30 days of invoice date.**

_____ _____ _____ _____
Officer Name Officer Signature Title Date

6247 Randolph Street • Commerce, California 90040-3514 • **phone** (323) 724-7777 • **fax** (323) 724-1111
www.gordonbrush.com • www.jek-inc.com • www.marxbrush.com