



### 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

<u>Company Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Fax Number</u>
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 \_\_\_\_\_