



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

Table with 4 columns: Company Name, Address, Telephone, Fax Number. Rows 1-4.

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