

OPENING STORE: _____
CIRCLE ONE: CASH ONLY CREDIT

I. Company Information

Date: _____

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business As (DBA)		
Billing Address	City	State Zip
Shipping Address	City	State Zip
No. of Employees	Year Business Established	Annual Sales
Business Focus – Circle One: Small Business / Restaurants / Clubs / Hotels / Retailers / Churches / Religious Organizations / Private Schools / Charter Schools / Property Management / Senior Living Facilities / Municipalities / Small Manufacturing / Healthcare		
Federal Tax ID (If Incorporated)	State of Incorporation	
E-Mail Address(es):	Website:	

2. Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #

3. Bank References (Complete if requesting credit ONLY)

Bank Name	Account Number	Contact
Address	City	State Zip Phone #

4. Trade Credit References (Complete if requesting credit ONLY)

Company Name	Contact
Address	City State Zip Phone #
Company Name	Contact
Address	City State Zip Phone #

5. Additional Information

Tax Exempt?	No	Yes (If yes please include a copy of your Certificate of Resale)
Do you require purchase orders?	No	Yes

List any comments and/or names of persons authorized to charge to the account: (will be treated as open account otherwise). Please notify us of any changes to this list.

Name	Email
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I/We certify that all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, I/we approve of your obtaining information from the above references and a credit report on my company or if not a corporation, a report on me/us personally. If you update, renew, or extend my line of credit, you may request a new report without notice.

Print Name _____ Title _____
Sign Name _____ Date _____

Terms and Conditions (Applies to credit account ONLY)

If the account is not paid as agreed or if the credit limit is exceeded, the business charge account will be temporarily suspended, unless other arrangements are made with the store owner or authorized representative. Repeated late payments may result in permanently revoking your charge privileges. Payments not received within 30 days of the statement date will receive a service charge or 15%. Statements are produced on the 25th of each month and full payment is due within 30 days of statement/on the xxx day of the month. GAH will send us a statement each month which will show the unpaid balance for merchandise purchased including any monthly finance charge. GAH may declare the unpaid balance to be due and payable if we default in making any required payment in full when due and we agree to pay GAH (or its agent) all reasonable collection expenses, attorney's fees and court costs incurred in collecting this account. You must immediately notify GAH upon any change in our address or company ownership.