







## **CREDIT ACCOUNT ENROLLMENT**

1391 E. Boone Industrial Blvd., Columbia, MO 65202 Phone: (718) 210-3913 | Fax: (888) 511-0457 info@gmesupply.com

GENERAL INFORMATION	
LEGAL COMPANY NAME:	
PHONE NUMBER:	FAX NUMBER:
TRADE NAME: (IF DIFFERENT)	TYPE OF BUSINESS (C, SP, P, LLC, OTHER)
BILLING ADDRESS:	City State Zip Coc
FEDERAL TAX ID NUMBER:	GROSS ANNUAL REVENUE:
AP CONTACT PERSON:	EMAIL:
INVOICING EMAIL:	PHONE NUMBER:
PUBLICLY TRADED? Yes No	D&B ACCOUNT NUMBER:
BUSINESS START DATE:	NUMBER OF EMPLOYEES:
NUMBER OF PURCHASERS:	NAME #1:
NAME #2:	REQUESTED CREDIT LIMIT:
FINANCIAL INFORMATION	
BANK NAME:	FAX NUMBER:
ADDRESS:	City State Zip Coo
ACCOUNT NUMBER:	ACCOUNT REPRESENTATIVE:
BANK NAME:	FAX NUMBER:
ADDRESS: Street	City State Zip Coc
ACCOUNT NUMBER:	ACCOUNT REPRESENTATIVE:

## NAME: \_ \_\_\_\_\_ FAX NUMBER (REQUIRED): \_\_\_\_\_ ADDRESS: \_\_\_\_\_Street ..... \_\_\_\_\_ FAX NUMBER (REQUIRED): \_\_\_ ADDRESS: \_\_\_\_\_ ..... \_\_\_\_\_ FAX NUMBER (REQUIRED): \_\_\_ ADDRESS: \_ ..... Credit terms are NET 30 DAYS from date of invoice. A 1 1/2% finance charge will be added to invoices outstanding over 30 days. Credit privileges will be restricted on accounts over 30 days past due. NOTICE: Applicant and each additional person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any such party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request to obtain from banks, credit bureaus, and other creditors, all of which are hereby authorized to release any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other. Applicant's signature warrants the ability and willingness to pay invoices in accordance with GMES, LLC's standard terms as listed above, and also available online at http://www.gmesupply.com/shipping. The company agrees to pay all collection costs, and legal fees incurred to collect delinquent balances. SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_ AUTHORIZED OFFICE (PRINCIPAL/PARTNER REQUIRED) \_\_ DATE: \_\_ Personal Guarantee. I, the undersigned, hereby personally contracts and guarantees payment of all invoices and other charges as set forth above for the above noted firm and understand payments on accounts will/may be applied against the oldest open invoice. The undersigned quarantor expressly waives all notice of acceptance of the quarantee, notice of extension of credit, presentation of demand for payment and any notice for default by the Company and all other notices the guarantor might be entitled to. Revocation of this guarantee shall be in writing and delivered by certified mail and shall apply only on subsequent extension of credit. \_\_\_\_\_ PRINT NAME: \_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ TITLE: \_ PHONE NUMBER: \_\_\_ \_\_\_\_\_ FAX NUMBER (REQUIRED): \_\_\_

TRADE REFERENCES

DATE: \_