

## CREDIT APPLICATION FOR A COMMERCIAL ACCOUNT

### BUSINESS CONTACT INFORMATION

Company name		Date business commenced	
Authorized purchasing agent		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> P.O. required? <input type="checkbox"/> Taxable (no? Attach certificate)	Federal E.I. number:
Title			
E-mail			
Registered company address City, State ZIP Code			

### BUSINESS AND CREDIT INFORMATION

Years at current address?		Bank name:	
Billing address (if different)		Address City, State ZIP Code	
Phone		Phone	
Fax		Bank account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

### AGREEMENT

1. All invoices are due 30 days after the invoice date.
2. Any claims for damage or shortages arising from product invoiced must be made within seven working days.
3. By submitting this signed application, GBM Laser Cutting Services, LLC is hereby authorized to make inquiries into the banking, business and trade references supplied. Full terms are included on the following page and are an integral part of this agreement.

### SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	