



# New Customer Credit Application

## CUSTOMER INFORMATION

Please complete the following application in its entirety to establish credit with GTI Statia

Today's Date: \_\_\_\_\_

Company Name \_\_\_\_\_ Year Established \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Company Website \_\_\_\_\_

Federal ID No \_\_\_\_\_ DNB No \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

AP Contact \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Person Completing Application \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed forms via email**

Email: [statia.approvals@gtistatia.com](mailto:statia.approvals@gtistatia.com)

Once payment history is established GTI Statia reserves the right to evaluate credit limit and payment terms. Accounts over the approved credit limit and/or accounts with overdue invoices are subject to credit hold.

**FOR INTERNAL USE ONLY**

**CUSTOMER TYPE (circle one):** AGENCY    BUNKER    STORAGE

**NEW/EXISTING CUSTOMER #:**

**CREDIT LIMIT:**

**PAYMENT TERMS:**

**SALESPERSON:**

**DATE RECEIVED:**

**SETUP/CHANGE APPROVED BY:**



## TRADE REFERENCES

If you have a preprinted form with this information, you do not need to fill out this page. Please insert your preprinted form here. Please ensure references are oil related.

### SUPPLIERS

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_

Email \_\_\_\_\_

Items Purchased \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_

Email \_\_\_\_\_

Items Purchased \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_

Email \_\_\_\_\_

Items Purchased \_\_\_\_\_



**BANK REFERENCE FORM**

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Dear Bank Officer,**

We are authorizing the bank to release information about our accounts outstanding, credit line, and payments history to GTI Statia, to be used explicitly for the establishment of an open account. This information is to be kept in the strictest of confidence.

Account Holder Name \_\_\_\_\_

Account Number \_\_\_\_\_ Account Type \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Dear Sir/Madam,**

The above customer is applying for credit with us and has given your bank as a reference. We would appreciate if you would provide us with the information requested below. Should you have any questions, please call (210) 525-7977 or email [nathan.cheslock@gtistatia.com](mailto:nathan.cheslock@gtistatia.com). We assure you that this information will be kept confidential. Your immediate reply is appreciated.

Date Account Opened \_\_\_\_\_ Average Daily Balance \_\_\_\_\_

Returned Checks (12 Month History) \_\_\_\_\_ Date of Last Returned Check \_\_\_\_\_

Line of Credit (if any) \_\_\_\_\_ Secured \_\_\_\_\_ Limit \_\_\_\_\_

Balance \_\_\_\_\_ Payment Habits \_\_\_\_\_

**Return completed form via email or fax to**

GTI Statia  
Attention: Credit Department  
Email: [statia.approvals@gtistatia.com](mailto:statia.approvals@gtistatia.com)