

CREDIT APPLICATION

Date: Company:					
Billing address:		Ship to Ad	dress: (if different tha	at billing address)	
Phone:		*Please fill out the below information Phone: Contact: Email:			
(Invoices will be sent to above email address)					
Buyer and Seller agree an emailed invoice is considered an original document					
Please "X" one : Individual Partnership	Federal Tax # (Corporation only)	Purchases are for resale: Texas Resale Certificate must be provided for NO TAXED invoice. TEXAS RESALE CERTIFICATE ATTACHED? YES			
Maximum credit limit requested	Business started :		_		
Former Business:		Location:			
Trade References: (Please supply three below or attach reference sheet as such)					
Name	City , State, Zip code		Phone	Fax	
1					
2					
3					
Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the following terms of NET 30 days from invoiced /del date. G & C will deduct 1% from invoice purchased goods for payments postmarked within 14 days of the date of invoice and such amount will be noted on original invoice.					
<u>PAYMENT DELINQUENCY</u> : Payments received beyond 60 Days from dated invoice will be subject to an interest rate of 1 - 1-1/2 % per month (or such other as permitted by applicable laws) on any unpaid balance in the event of Buyer's default in payment in accordance with scheduled payment dates and amounts. Buyer further agrees that upon any such demand, Seller may declare entire amount due to enforce collection of all amounts outstanding irrespective of any other provisions contained herein, including provisions for deferred of installment payments. Buyer agrees to pay cost and expenses incident to default in terms herein and relating to all collections of amounts owed hereunder, including attorney's fee. It is our Company's policy to enforce its right under the law.					
Signature Required - The above information that given is for DATE:					
the purpose of obtaining credit and is warranted to be true. I					
hereby authorize the firm to whom this application is made to		TITLE:			
investigate the references listed to my/our and . financial responsibility.		Signature:			

G & C BOX SUPPLY <u>Customer Set Up Form</u>	DATE:			
*please fill out all questions or indicate by N/A	Sales Rep: Cindy Drechsel			
NEW ACCOUNT? YES or NO OR				
CURRENT CUSTOMER ACCOUNT CHANGES	P O Required? YES or NO			
YES or NO	Accepts Substitutes? YES or NO			
BILLING ADDRESS	Accepts Backorders? YES or NO			
Company Name: Address: City, State: Zip Code:	Tax Exempt? YES or NO Packaging Only: YES or NO Also Janitorial: YES or NO			
A/P Contact: A/P Phone #: A/P Fax #: Buyer Name: Buyer Phone#:	(If Tax Exempt, Official Texas Resale Certificate must be completed. Otherwise Tax will be applied on all purchases).			
Buyer Fax#: Backup Buyer Name:	Invoices to be emailed unless otherwise noted. Postal Mailed Invoices - \$2.00 additional charge applied.			
SHIPPING ADDRESS same as above? YES	Email Invoices? YES or NO Email Address for Invoices: * 5% Charge on all Credit Card Payments			
Company Name: Address: City, State: Zipcode :				
Order Entry / Delivery Instructions:				
Delivery Hours: to Closed at Lunch? to				

Raised Dock Delivery? YES or NO Dock Height: _____

Truck Size Requirement:*Mark X to all that apply24' bobtail _____28'pup _____48' _____53' _____

Gate or Door Code: _____

Signature Required: YES or NO

Special Shipping Instructions:

Do you have Forklift? YES or NO Do you have Pallet Jack? YES or NO Do You have Racks? YES or NO