

Credit Application

Business Name: _____
Phone: (____) _____
Email Address: _____
Mailing Address: _____
(Date Established) _____ **(Required Credit Limit)** _____
Fax: (____) _____
Fed Tax I.D. Number: _____

(Street)

(City) (State) (Zip Code)

Shipping Address: _____
(Street)

(City) (State) (Zip Code)

No. of Employees _____ **Est. Annual Sales \$** _____ **Sales Area** _____
D/B/A _____ **Former business Address (If Applicable)** _____

(Street) (City) (State) (Zip Code)

Type of Business: _____ **How long in Business?** _____
Does State, County or City require a License? _____ **If Yes, License #** _____
Ownership: _____ Sole Owner _____ Partnership _____ Corporation

Has the firm or any of its Principals ever been bankrupt? _____
If yes, Explain: _____

Principal: _____
(Home Address) (Name) (Title) (SS#)

(Street)

(City) (State) (Zip Code)

Principal: _____
(Home Address) (Name) (Title) (SS#)

(Street)

(City) (State) (Zip Code)

Principal: _____
(Home Address) (Name) (Title) (SS#)

(Street)

(City) (State) (Zip Code)

Bank Reference: _____

(Name) (Address) (Phone/Fax)

(Name) (Address) (Phone/Fax)

**** Attach a copy of Trade References. Please include Business Name, Address, Phone number, Fax number and Contact name. Also enclose a copy of a Sales Tax Certificate (if applicable) with the return of this application.**

I acknowledge that all information provided on this application, are true and accurate to the best of my knowledge. I agree to the "Terms and Conditions of Sale" set forth and given to me by Gaines Measurement and Control, Inc. All purchase orders entered with Gaines Measurement and Control, Inc. are subject to "Terms and Conditions" set forth, and are only changeable by written agreement by Gaines Measurement and Control, Inc.

Signature _____ **Date** _____