



GALVAN INDUSTRIES, INC.

CREDIT APPLICATION FOR NEW CUSTOMERS

CUSTOMER BILLING INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Number of Years in Business:

Sole proprietorship:

Partnership:

Corporation:

Other:

Tax Exemption:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Type of Industry:

Estimated Annual Sales:

Are you a member of a buying group? I-Mark or Affiliated Distributors

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Bank Contact:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. A finance charge of 1.5% will be charged for balances 30 days past due.
2. By submitting this application, you authorize Galvan Industries, Inc. to make inquiries into the banking and business/trade references that you have supplied, as well as periodic credit checks
3. Faxed application is deemed to be original. No oral agreements or modifications will be accepted.
4. Galvan Industries reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by Galvan Industries to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
5. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

SIGNATURE X

Office Use Only

Title:
Printed Name:
Date:

Approved/ Disapproved:

Customer Group: _____

Account No: