



CREDIT APPLICATION

Date _____ Company Name _____

Street Address/Physical Location _____
Street City State Zip

Billing Address _____

Phone _____ Fax _____ Email _____

What does your company do? _____

Names of Associated Companies _____

Customer is _____ Individual _____ Partnership _____ Corporation _____ Incorporation

Tax Exempt _____ Yes _____ No _____ If yes, a signed exemption certificate must be attached.

How long business has been established _____

A/P Contact _____ President _____

LIST COMPLETE NAMES OF ALL PURCHASERS/BUYERS

- 1. _____ 3. _____
- 2. _____ 4. _____

Bank Reference _____
Bank Name Phone Fax

Bank Contact _____ Account # _____

TRADE REFERENCES

Company Name	Contact	Phone	Fax
1. _____			
2. _____			
3. _____			

By signing this form, I hereby authorize you to verify this information. We certify that all the information on this form is correct. We fully understand and agree to proper payment in consideration of extended credit. If our account is not paid in full as stated on the invoice, we agree to pay all costs incurred by GAG SIM/TECH FILTER in the collection of our account, including reasonable attorney's fees.

THIS APPLICATION MUST BE SIGNED BY AN AUTHORIZED RESPONSIBLE PARTY.

Signature Title Date

Please return this credit application via fax, email, or address at the following:
Fax: 231-582-7324 Email: sales@gag-simtech.com Address: 1455 LEXAMAR DRIVE., Boyne City, MI 49712 USA
Please call 888-999-3290 if you have any questions pertaining to this credit application. Thank you.