

# GEIB INDUSTRIES, INC.

## Credit Application for a Business Account

Business Contact Information			
Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

Business and Credit Information			
Primary business address:			
City:	State:	ZIP:	
Est. Yearly Purchases \$:			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:			
City:	State:	ZIP:	Phone:
Type of account	Account number		
Savings			
Checking			
Taxable/Non-Taxable?	*If non-taxable please provide us with a Tax Exempt Certificate		

Business and/or trade references			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			

- | Agreement   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. All invoices are to be paid 30 days from the date of the invoice.</li> <li>2. Claims arising from invoices must be made with 7 working days.</li> <li>3. By submitting this application you authorize Geib Industries, to make enquiries to the banking, savings, business, and/or trade references you have supplied.</li> </ol> |  |

Signatures	
Title: Date:	Title: Date:

