



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Business Contact Information					
Registered Business Name:					
DBA or Alternate names:					
Phone:	Fax:	GEIB Business that account will be used at:			
Registered company address:					
City:		State:	ZIP:		
Year Established:	Respondent Email:				
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>		
Business and Credit Information					
Physical address: (or same: <input type="checkbox"/>)					
City:		State:	ZIP:		
Est. Annual Purchases \$:					
Telephone:	Fax:	E-mail:			
Bank name:					
Bank address:					
City:	State:	ZIP:	Phone:		

Type of account: Checking / Savings	Account number:		
Taxable: <input type="checkbox"/> Non-Taxable: <input type="checkbox"/>	*If non-taxable please provide us with a Tax-Exempt Certificate		
Business / Trade References			
1st Company name:			
Address:			
City:		State:	ZIP:
Phone:		E-mail:	
Terms:			
2nd Company name:			
Address:			
City:		State:	ZIP:
Phone:		E-mail:	
Terms:			
3rd Company name:			
Address:			
City:		State:	ZIP:
Phone:		E-mail:	
Terms:			

4th Company name:		
Address:		
City:	State:	ZIP:
Phone:	E-mail:	
Terms:		
Accounts Payable Contact:		
Name:	Phone:	
Contact Email:		
Email for invoices:		
Agreement		
<ol style="list-style-type: none"> 1. All invoices are to be paid within the terms specified, starting from the invoice date. 2. Claims arising from invoices must be made within 7 working days. 3. By submitting this application, you authorize Geib Industries and its affiliates to make inquiries to the banking, business, and/or trade references you have provided. 		
Signatures		
Title: Date:	Title: Date:	

Please return this form to the email address from which it was sent.

Approval times are dependent on replies from the references provided.

Please ensure that we have a valid name and contact email for each.

BENSENVILLE, IL | APPLETON, WI | HAMMOND, IN | BUTLER, WI