



Application for Credit

913 Main St. Winfield, KS 67156 Office: (620) 221-3469
Fax: (620) 221- 2647 Email: Accounting@gbeinc.com

Name of Firm or Individual

Address , City, State, Zip

Years at this address

Primary Number

Secondary Number

Fax Number

Website

Primary E-mail

Secondary E-mail

Select One:

CORPORATION

PARTNERSHIP

INDIVIDUAL

TAX BASE ENTITY

Check this box if you have been Incorporated within the past 12 months

1. Name of Principal

Full Address:

Phone:

E-mail:

2. Name of Principal

Full Address:

Phone:

E-mail:

BANK REFERENCE

1. Name of Bank

Full Address:

Phone:

E-mail:

TRADE REFERENCES

1. Business

Full Address:

Phone:

E-mail:

TRADE REFERENCES cont.

2. Business:

Full Address:

Phone:

E-mail:

3. Business:

Full Address:

Phone:

E-mail:

Upon approval of your credit application you will agree to the following terms that will apply to your account:

1. All invoices will be net 30 days from date of invoice
 - a. Statements will be mailed/emailed at the end of the month
2. A 1.5% finance charge will be accrued on all invoices past net 30 terms
3. Failure to make timely payments could result in a hold being placed on future orders, account being converted to a cash only basis, and/or legal action taken
4. Any account that qualifies for sales tax exemption status MUST have an exemption certificate signed and on file with us at time of sale
5. Returned check fee is \$30.00

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS ACCURATE. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENTS IN CONSIDERATION OF EXTENDED CREDIT.

Signature

Date