

CREDIT APPLICATION

Company Name	e: (please print)				Account #		
Federal Tax ID			Date of Application		Assigned:		
Sales Represer	ntative:		_				
Payment Type: Open	Account (Net 30 Days):	(or Credit Card	: Feder	al Tax ID #:		
Address:					_		
Street:	1.1	(° D °	City:		State:		=
Zip Code: Country:	int	ernational Province			_		
Country.							=
Buyer Contact:			Telephone:			_	
A/P Contact:			Telephone:			-	
	PLEASI	E COMPLETE THE FOL	LOWING FIELDS FOR	CREDIT EXTENSION CON	ISIDERATION:		
Legal Entity:	Corporation	Partnership	If this is a	corporation, list the na	ames of officers a	and titles. If oth	ner entitiy, list
	Proprietorship	Other		names o	f partners or owr	ners.	
	Name	Home Address			City		Zip Code
	Name		one Address		City	State	Zip Code
Bank Name: Acco				_ Account #:			
Trade Referen	ces: (please include at leas	st 5) If you have prepri	nted references it is o	ok to attach them			
	Major Vendors Name	х о, усаа.о р.ор		ontact Person		Address	
1							
2							
3							
4							
5		L					
Terms:							
undersigned perso and terms. Fu	nts are subject to a monthly ser onally agrees to unconditionally rther, the undersigned agrees the warrants that the above information	gurantee warrant and p hat in the event it becom ation is true and correct	romise to pay all bills in es necessary for Genie	curred by the organization lice, Inc, to incur collection co, Inc to conduct the credit in	sted above promptly, ost, interest and any	, in accordance wi reasonable attorne	th this application ey's fees. The
Signed By:				Title:			
Date:	Tax Exempt #					DI EACE ATTA	CH CERTIFICATE
Dulc.	THIS DOCUMENT MUST BE SIGNED BY OWNER OR OFFICER OF ORGANIZATION					-	ON OLIVINIONIE
			YOU FOR YOUR BUS				
Notes:							
	Please fill out his	ahliahtad araas an	d aign application	ı. Email application to	o: Laura@genie	oco net	