



1780 Harvey Street, Muskegon, Michigan 49442
PH 800.253.0373 www.geerpres.com

NEW DISTRIBUTOR CREDIT APPLICATION

Customer Name _____ Phone: _____
Mailing Address _____ Fax: _____
City, State, Zip _____
Shipping Address _____ Can we email your invoice:
City, State, Zip _____ yes ____ no ____
Accounts Payable Contact _____ Email: _____
Years in Business _____ Buying Group affiliation _____
Names, Titles of Officers _____

Credit References: (please print clearly)

1. Name _____ Customer # _____
Address _____ Phone _____
City, State, Zip _____ Fax _____
2. Name _____ Customer # _____
Address _____ Phone _____
City, State, Zip _____ Fax _____
3. Name _____ Customer # _____
Address _____ Phone _____
City, State, Zip _____ Fax _____

Bank Reference:

1. Name _____ Customer # _____
Address _____ Phone _____
City, State, Zip _____ Fax _____
Contact _____

ATTACH COPY OF YOUR RESALE OR SALES & USE EXEMPTION CERTIFICATE

Geerpres has my permission to request credit information from the above vendors and bank. We agree to honor payment terms of net 30 days.

Signature _____ Date _____