



Credit Application Form

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Go to <https://www.geerpres.com/warranty/general-sales-terms-and-conditions/> for a complete list of terms and conditions
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Geerpres to make inquiries into the banking and business/trade references that you have supplied.

BUSINESS CONTACT INFORMATION

	Name	Email
Title	Name	Email
Company name		Date Business Commenced
Registered company address City, State Zip Code		How long at current address?
Physical Address City, State Zip Code		
Phone		Fax
Website		
Accounts Payable Contact		Email
Invoicing Email		
Sales Contact		Email
Purchasing Contact		Email
Tax ID (EIN)		Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach with application if Yes</i>
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	Terms Requested <input type="checkbox"/> Net 30 <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash in Advance <input type="checkbox"/> Other	Referral Source <input type="checkbox"/> Geerpres Representative _____ <input type="checkbox"/> Website <input type="checkbox"/> Trade Show <input type="checkbox"/> Marketing Campaign

BUSINESS AND CREDIT INFORMATION

Bank name:		
Bank address City, State ZIP Code		
Phone		Fax
Account number		
Type of account		<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

TRADE INFORMATION

Type of Business	Buy Group Membership	Industries Served	Anticipated Annual Volume
<input type="checkbox"/> Distributor <input type="checkbox"/> Building Services Contractor <input type="checkbox"/> Government <input type="checkbox"/> Other	<input type="checkbox"/> Network <input type="checkbox"/> SMA <input type="checkbox"/> SSS <input type="checkbox"/> Other <input type="checkbox"/> Afflink	<input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Education <input type="checkbox"/> Food Service <input type="checkbox"/> Government <input type="checkbox"/> Other	<input type="checkbox"/> < \$100,000 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> > \$1,000,000

BUSINESS/TRADE REFERENCES

**Attach references on a separate sheet if needed*

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

BY SIGNING THE CREDIT APPLICATION, YOU AGREE TO GEERPRES COMPLETE TERMS AND CONDITIONS.

- Please go to <https://www.geerpres.com/warranty/general-sales-terms-and-conditions/> for the complete Geerpres terms and conditions.
- Please go to <https://www.geerpres.com/wp-content/uploads/2019/03/2019.03-Geerpres-MAP-Policy.pdf> to review the Geerpres Minimum Advertised Price policy.
- Please go to <https://www.geerpres.com/wp-content/uploads/2019/03/2019.03-Geerpres-Pioneering-Policy-.pdf> to review the Geerpres Pioneering Policy.

FOR GEERPRES USE ONLY

Sales Rep Agency	
Name and Title	
Date Approved	
Sales Rep #	
QAD Account #	
Credit Limit	
Approved By	
Date	