

Geerpres, Inc. PO Box 658 Muskegon, MI 49443

Account Application Form

Send completed form with W9 & Tax Exemption Certificates to

Customer Number

accounting@geerpres.com			
BUSINESS INFORMATION			
Name (as shown on your income tax return)			
Business name / dba, if different from above			
Address	Phone		
Owner (s)			
Accounts Payable Contract	Purchasing Contact		
Email for Invoices:			
TRADE INFORMATION			
Buy Group Membership Network #	Monthly Credit being requested		
Other	\$		
Type of Business - Choose 1			
Building Services Contractor (BSC)	Original Equip Manufacturer (OEM)		
Direct Healthcare (HCR)	Cleanroom OEM - (OCR)		
Retail Consumer (RET)	Distributor (choose type in next box)		
Type of Distributor - choose 1 - only if Distributor was checked in previous box			
Jan - San (DIJS)	Government Sales (DGOV)		
Industrial (DIND)	Restoration (DREST)		
Cleanroom (DCLN)	Internet Sales Only (DWEB)		

Applicant's signature attests financial responsibility and willingness to pay Geepres invoices according to terms established. The above information is for the purpose of obtaining credit and is warranted to be true. By signing below, Geepres is authorized to investigate and has the right to request additional information. I understand that the extension of credit is the sole discretion of Geepres and my be revoked at any time. Geerpres reserves the right to withhold production and or shipment of orders in response to account delinquency and may add finance charges on unpaid balances if deemed necessary. Any information obtained by Geerpres will be maintained in confidence.

* Go to Https://www.geerpres.com/warranty/general-sales-terms-and-conditions/ for a complete list of our terms and conditions.

SIGNATURES		
Signature (authorized employee)		
Print Name and Title		
Date		
BY SIGNING THIS, YOU AGREE TO GEEPRES COMPLETE TERMS AND		
CONDITIONS.		

Questions: Please call 231-457-1026

FOR GEERPRES USE ONLY

Sales	Rep	#
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Sales Rep Group

Individual Sales Rep Name

Approved by

Terms

Price Group

Credit Limit

Date