



Credit Application

Please complete this form and fax to 270.326.3624
email: sales@gemtrondoors.com FAX 270.326.3624

NAME: _____ **DATE:** _____

BILLING ADDRESS: _____ **SHIPPING ADDRESS:** _____

TELEPHONE #: _____ **FAX #:** _____

CHECK ONE: () CORPORATION () PARTNERSHIP () SINGLE PROPRIETOR

TAX ID NUMBER _____ **EXPORT TAX ID NUMBER** _____

(International Shipments only)

NAME OF COMPANY OFFICERS OR OWNER(S):

PRESIDENT _____ **S/S#** _____

VICE PRESIDENT _____ **S/S#** _____

TREASURER _____ **S/S#** _____

PURCHASING CONTACT: _____

E-MAIL ADDRESS: _____

ACCOUNT PAYABLE CONTACT: _____ **E-MAIL ADDRESS:** _____

TRADE REFERENCES: Give complete name, address with zip code, phone, fax number and account number.

Name _____ Phone # _____

Address: _____ Fax # _____

_____ Account # _____

Name _____ Phone # _____

Address: _____ Fax # _____

_____ Account # _____

Name _____ Phone # _____

Address: _____ Fax # _____

_____ Account # _____

BANK REFERENCE: Give Complete Name, Address, Phone Number, Person to Contact and Bank Account Number.

Bank Name: _____ Phone #: _____

Address: _____

Account # _____ Person to Contact _____

D & B Number _____

SIGNATURE: _____ **TITLE** _____

By Signing this application, give Gemtron authorization to inquirer about your credit and bank references.

Credit Application

Please complete this form and fax (270)326-3624 or (270) 326-3627
e-mail: insidesales@gemtrondoors.com or orderentry@gemtrondoors.com

TRADE REFERENCES: Give complete name, address with zip code, phone, fax number and account number.

1 Name _____ Phone # _____
Address: _____ Fax # _____
_____ Account # _____

2 Name _____ Phone # _____
Address: _____ Fax # _____
_____ Account # _____

3 Name _____ Phone # _____
Address: _____ Fax # _____
_____ Account # _____

BANK REFERENCE: Give Complete Name, Address, Phone Number, Person to Contact and Back Account Number.

Bank Name: _____ Phone #: _____
Address: _____
Account # _____ Person to Contact _____

D & B Number _____

SIGNATURE: _____ **TITLE** _____

By Signing this application, give Gemtron authorization to inquirer about your credit and bank references.

Please attach your Sales Tax Certificate of Resale