

G&S Fastening Systems, Inc.

CONSTRUCTION & INDUSTRIAL SUPPLIES & EQUIPMENT

600 Front Street
Whitehall, PA 18052
(610) 264-7587
FAX (610) 264-8127

110 Penn Am Drive
Quakertown, PA 18951
(215) 538-2220

Account Credit Application

Account Name

Bill-To Address		City/State/Zip	Phone #
Contact Person	Email		Fax #
Ship-To Address (if different)		City/State/Zip	Phone #
Contact Person	Email		Fax #
Principals (owner)			Requested Credit Amount \$
Type of Business Corporation () LLC () Partnership () Proprietorship ()		Years in Business:	Tax Exempt? No / Yes**
Credit Card #	Type	CVV2 #	Expiration Date
OK to Email Invoices? Yes / No	Invoice Email Address		

BANK REFERENCE

Institution Name	Account#	Phone#
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TRADE REFERENCES

Company Name	Address	City, State
Email Address	Phone	Fax
Company Name	Address	City, State
Email Address	Phone	Fax
Company Name	Address	City, State
Email Address	Phone	Fax

**Sales Tax Exempt form IS required for account to be tax exempt

* Trade references may be submitted on a separate page

* References are not necessary for accounts that are COD or Billed via Credit Card

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Personal Guarantee

[For applicants with less than \$1million in assets, and those requested by credit department]

In consideration of the extension of credit granted by G & S Fastening Systems, Inc. to _____ *account name*, I hereby unconditionally guarantee payment for whatever amount _____ *account name*, shall at any time be owing to G & S Fastening Systems, Inc. on account of goods delivered, whether said indebtedness is in the form of notes, bill, or open account. This shall be an open and continuing guarantee and shall continue in force notwithstanding any change in the form of such indebtedness, or renewal, or extensions granted by you, without obtaining any consent thereto, and until expressly revoked by written notice from me to you, and any such revocation shall not in any manner affect my liability as to any indebtedness contracted prior to thereto.

Notice of indebtedness and of default in payment are hereby waived. Liability under this guarantee shall at no time exceed the sum of \$_____ dollars.

OUR TERMS ARE 1% TEN DAYS/NET 30. ANY PAYMENT DUE & UNPAID FOR 60 DAYS WILL CAUSE THE ACCOUNT TO BE DELINQUENT AND A HOLD WILL BE PLACED ON THAT ACCOUNT!

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

SS# _____ *Please Attach a copy of Drivers License

****PLEASE LIST NAMES OF EMPLOYEES WHO ARE AUTHORIZED TO MAKE PURCHASES**

PLEASE HAVE THEM SIGN NEXT TO THEIR NAME.

_____	_____
_____	_____
_____	_____
_____	_____