

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 INFORMATION

ACCOUNT NAME: _____ PHONE # _____

SHIP TO ADDRESS _____

BILL TO ADDRESS _____

CITY: _____ STATE _____ ZIP _____ FAX # _____

PRINCIPALS: _____

check appropriate:

CORPORATION: () PARTNERSHIP () PROPRIETORSHIP () LLC ()

YEARS IN BUSINESS: _____ TAX EXEMPT: YES () NO () (if yes) # _____
(PLEASE INCLUDE CERTIFICATE)

CREDIT CARD # _____ TYPE _____ EXPIRATION DATE _____

BANK REFERENCES

NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TRADE REFERENCES

1) NAME: _____ ADDRESS: _____

FAX # _____ PHONE# _____ CITY: _____ STATE: _____ ZIP: _____
(required to process)

2) NAME: _____ ADDRESS: _____

FAX # _____ PHONE# _____ CITY: _____ STATE: _____ ZIP: _____
(required to process)

3) NAME: _____ ADDRESS: _____

FAX # _____ PHONE# _____ CITY: _____ STATE: _____ ZIP: _____
(required to process)

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Gentlemen:

In consideration of the extension of credit granted by G & S Fastening Systems, Inc. to _____, I hereby unconditionally

(ACCOUNT NAME)

guarantee payment for whatever amount _____ shall at any time be

(ACCOUNT NAME)

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: _____

**PLEASE LIST NAMES OF EMPLOYEES WHO ARE AUTHORIZED TO MAKE PURCHASES AND PLEASE HAVE THEM SIGN NEXT TO THEIR NAME.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____