

Please complete page in its entirety.
Please submit credit application along with this form if requesting credit.

Customer Information Sheet

GSM, LLC

Company Name: _____ Buyer: _____

Company Address: _____

City: _____ Phone: _____

State/Province: _____ Fax: _____

Postal Code: _____ Email: _____

Country: _____

Payment Terms Requested (anything other than NET 30/Collect): _____

Credit Card Number w/ Expiration: _____

Product Lines Requested:

- GSM Products
- American Hunter
- Walkers Game Ear

Freight Terms: Prepaid Collect/FOB

- Freight Options: Fedex UPS
- Commercial w/ Forklift
 - Residential (need lift gate)
 - ROUTING GUIDE (please attach)

UPS/Fedex/Other Acct # (for collect/FOB)

Comments/Questions (please include any special freight instructions):

Customer Signature

Date

This section to be completed by GSM.

GSM Customer Number _____

GSM Sales Person: _____

GSM Sales Manager _____

Sales Manager Approval Signature

Accounting Approval Signature

Date Approved: _____

Date Approved: _____

GSM CREDIT APPLICATION (pg 1)

Please complete page in its entirety.
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The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions as of printed on the bottom of this sheet.

Company Name _____
DBA (if different) _____
Contact Person _____
Address _____
Phone _____ Fax _____
Federal Tax ID or Social Security Number _____
If tax exempt, please attach certificate
Type of Business _____
Date Business Established _____
Types of products you will purchase _____
Amount of credit requested _____

ARE YOU A:
 CORPORATION State of incorporation _____
Names, Titles and Addresses of you three chief corporate officers

Name and address of your resident agent

PARTNERSHIP
Names and addresses of partners

SOLE PROPRIETORSHIP
Are you sales tax exempt? Yes No
Have you ever had credit with us before? Yes No
***If yes, under what name?*

Authorized Purchasers: _____

Purchase Order required? Yes No

GSM CREDIT APPLICATION (pg 2)

TRADE REFERENCES - please provide EMAIL and FAX NUMBERS for faster processing

Reference #1 Name _____
Address _____
Phone _____ Fax _____

Please complete page in its entirety.
Please submit credit application along with this form if requesting credit.

Email _____
Account # _____

Reference #1 Name _____
Address _____
Phone _____ Fax _____
Email _____
Account # _____

Reference #1 Name _____
Address _____
Phone _____ Fax _____
Email _____
Account # _____

BANK REFERENCES - please provide all info for faster processing

Bank #1 Name _____
Address _____
Phone _____
Contact Person _____
Account # _____

Bank #2 Name _____
Address _____
Phone _____
Contact Person _____
Account # _____

GSM CREDIT APPLICATION (pg 3)

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all terms and conditions.

Please complete page in its entirety.
Please submit credit application along with this form if requesting credit.

Authorized Signature

Printed Name

Title

Date

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. All invoices become due and payable 30 days after Invoice Date
2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

Please forward completed forms to gsmar@gsmorg.com or fax to (469) 586-0463

OR mail forms to:
GSM, LLC
Attn: CREDIT DEPT
3385 Roy Orr Blvd
Grand Prairie, Texas 75050

