

# Gallopade International, Inc.

PO Box 2779

Peachtree City, GA 30269

PH: (800) 536-2438 FAX: (800) 871-2979

## NEW CUSTOMER PROFILE

### BUSINESS INFORMATION

Company Name:

DBA (if different):

BILL TO Address:

City:

State:

Zip Code:

Telephone:

Fax:

Website(s):

SHIP TO Address:

City:

State:

Zip Code:

*If multiple Ship To locations, please attach list.*

### CONTACT INFORMATION

Owner Name:

Phone:

Ext:

Email:

Buyer:

Phone:

Ext:

Title:

Email:

Marketing:

Phone:

Ext:

Title:

Email:

Accounts Payable:

Phone:

Ext:

Title:

Email:

How would you like to receive your invoices: Email [ ] Fax [ ] Postal [ ]

Are you Tax Exempt?:

Tax Exempt Number:

*(please attach form)*

### CREDIT TERMS

1. Credit Card prepayment is required for initial order.
2. Please complete Page 2 of this form if you would like to request credit terms for future orders.

**Card Type:** \_\_\_ VISA \_\_\_ M/C \_\_\_ AMEX **Card Number** \_\_\_\_\_ **Exp** \_\_\_\_\_

### INTERNAL USE ONLY

Customer ID: \_\_\_\_\_ Customer Type: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ Special Notes: \_\_\_\_\_

**FAX COMPLETED FORM TO (800) 871-2979**

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## NEW CUSTOMER PROFILE – CREDIT APPLICATION

(BE SURE TO COMPLETE PAGE 1 OF THE NEW CUSTOMER PROFILE)

Company Name: \_\_\_\_\_

### BUSINESS INFORMATION

Type of Business: Sole proprietorship [ ] Partnership [ ] Corporation/LLC [ ]

Federal Tax ID or Social Security #:

Date Business Established:

Number of Employees:

Amount of Credit Requested: \$

Have you ever had credit with Gallopade: Yes [ ] No [ ] If yes, under what name?

### TRADE REFERENCES

1) Company Name:

Account Number:

Address:

City/State/Zip:

Phone:

Fax:

Contact Person:

2) Company Name:

Account Number:

Address:

City/State/Zip:

Phone:

Fax:

Contact Person:

3) Company Name:

Account Number:

Address:

City/State/Zip:

Phone:

Fax:

Contact Person:

### BANK REFERENCES

1) Name of Bank:

Account Number:

Address:

City/State/Zip:

Phone:

Fax:

I represent that the above information is true and is given for the purpose of Gallopade to extend credit to the applicant. Gallopade is authorized to make such credit investigations as they see fit, including contacting the above trade references and banks and obtaining credit reports. All trade references, banks, and credit reporting agencies are hereby authorized to disclose to Gallopade any and all information concerning the financial and credit history of this company.

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

Authorized Signature: \_\_\_\_\_ Title:

Printed Name:

Date:

### GENERAL TERMS AND CONDITIONS:

Standard trade terms are Net 30 days unless otherwise agreed in writing. Invoices not paid by the due date will be subject to a Finance Charge of 1.5% per month. Statements are sent on the first day of the month. No additional credit will be extended to past due accounts unless satisfactory payment arrangements are made with our credit department.

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