



CREDIT ACCOUNT ENROLLMENT

1391 E. Boone Industrial Blvd., Columbia, MO 65202

Phone: (718) 210-3913 | Fax: (888) 511-0457

info@gmesupply.com

GENERAL INFORMATION

LEGAL COMPANY NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

TRADE NAME: (IF DIFFERENT) _____ TYPE OF BUSINESS (C, SP, P, LLC, OTHER) _____

BILLING ADDRESS: _____
Street City State Zip Code

FEDERAL TAX ID NUMBER: _____ GROSS ANNUAL REVENUE: _____

AP CONTACT PERSON: _____ EMAIL: _____

INVOICING EMAIL: _____ PHONE NUMBER: _____

Do you require us to submit invoices via ☐ Yes ☐ No
portal? Send portal setup instructions to ar@gmesupply.com

PUBLICLY TRADED? ☐ Yes ☐ No D&B ACCOUNT NUMBER: _____

BUSINESS START DATE: _____ NUMBER OF EMPLOYEES: _____

NUM OF AUTHORIZED PURCHASERS: _____ NAME #1: _____

NAME #2: _____ REQUESTED CREDIT LIMIT: _____

FINANCIAL INFORMATION

BANK NAME: _____ FAX NUMBER: _____

ADDRESS: _____
Street City State Zip Code

ACCOUNT NUMBER: _____ ACCOUNT REPRESENTATIVE: _____

BANK NAME: _____ FAX NUMBER: _____

ADDRESS: _____
Street City State Zip Code

ACCOUNT NUMBER: _____ ACCOUNT REPRESENTATIVE: _____

TRADE REFERENCES

NAME: _____ FAX NUMBER (REQUIRED): _____

ADDRESS: _____
Street City State Zip Code

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NAME: _____ FAX NUMBER (REQUIRED): _____

ADDRESS: _____
Street City State Zip Code

.....

NAME: _____ FAX NUMBER (REQUIRED): _____

ADDRESS: _____
Street City State Zip Code

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Credit terms are NET 30 DAYS from date of invoice. A 1 1/2% finance charge will be added to invoices outstanding over 30 days.

Credit privileges will be restricted on accounts over 30 days past due.

NOTICE: Applicant and each additional person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any such party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request to obtain from banks, credit bureaus, and other creditors, all of which are hereby authorized to release any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other. Applicant's signature warrants the ability and willingness to pay invoices in accordance with GMES, LLC's standard terms as listed above, and also available online at <https://gmesupply.com/terms-and-conditions>. The company agrees to pay all collection costs, and legal fees incurred to collect delinquent balances.

SIGNATURE: _____ PRINT NAME: _____
AUTHORIZED OFFICE (PRINCIPAL/PARTNER REQUIRED)

TITLE: _____ DATE: _____

Personal Guarantee. I, the undersigned, hereby personally contracts and guarantees payment of all invoices and other charges as set forth above for the above noted firm and understand payments on accounts will/may be applied against the oldest open invoice. The undersigned guarantor expressly waives all notice of acceptance of the guarantee, notice of extension of credit, presentation of demand for payment and any notice for default by the Company and all other notices the guarantor might be entitled to. Revocation of this guarantee shall be in writing and delivered by certified mail and shall apply only on subsequent extension of credit.

SIGNATURE: _____ PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ TITLE: _____

PHONE NUMBER: _____ FAX NUMBER (REQUIRED): _____

DATE: _____