

Gainesville Industrial Electric
1011 Athens St. / 30501
P.O. Box 1434 / 30503
Gainesville, GA
Ph: 770-532-4411 Fax: 770-532-4496

Customer # _____
Must be on remit check

***** All Information Must Be Filled Out In Order to Process *****

Company Name: _____
Billing Address: _____
Shipping Address: _____
City: _____ State: _____ Zip : _____
Phone: _____ Fax: _____
PO # Required For Orders: (Check) Yes: _____ No: _____
Federal Identification # / SSN: _____

Principle Officer(s) Name: _____
Date Business Formed: _____
Ship To County: _____ Sales Tax Exemption #: _____
Contact Person For Orders: _____ Phone: _____
Contact Person For Accounts Payable: _____ Phone: _____

CREDIT REFERENCE

****MUST HAVE FAX NUMBERS INCLUDED ON FORM IN ORDER TO PROCESS****

1. _____
Address: _____
Phone: _____ Fax: _____
2. _____
Address: _____
Phone: _____ Fax: _____
3. _____
Address: _____
Phone: _____ Fax: _____

See Attached (Customer Providing) Check: _____

BANKING REFERENCE

4. _____
Address: _____
Phone: _____ Fax: _____
Person To Contact: _____

Terms And Agreement

Applicant promises to pay all outstanding balances in full within 30 days of invoice date and if not so paid, said balance remaining shall accrue interest at a rate of 1-1/2% per month (18% annual) together with the cost & fees if collected by law. Applicant also gives permission to release trade and banking references to Gainesville Industrial Electric and shall be used for sole purpose of establishing account. Applicant agrees to provide written notice to our office if any changes of status within five (5) working days. Delivery charges may be applied. We reserve the right to automatically charge anything not paid in 90 days to your credit card you have provided. I certify the above information to be correct, and do agree to the terms and conditions stated above. Must be signed to process.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

(Print Name): _____

