



New Customer Credit Application

Company Name

Tax Exempt? Yes No Type: Resale Manufacturing
 If Yes, please attach copy of tax certificate
 If Yes, indicate which states

Bill-To Information

Company Name		Telephone
Billing Address		Tax ID #
		DUNS #
City	ST	Zip

Note: DUNS or Tax ID # must be provided for review

Ship-To Information (if different)

Company Name		Type of Business
Shipping Address		
City	ST	Zip
		Date Started

A/P Contact

Name	Phone No	Email
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Purchasing Contact

Name	Phone No	Email
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Trade References

Vendor Name	Location	Contact Name	Phone
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Standard Terms of Sale are NET 30.

I hereby certify that the information contained herein is complete and accurate.
 I authorize the trade references listed above to release necessary information to Paul N Gardner for the purpose of performing a credit check.

Signature _____ Date _____
 Title _____

Paul N Gardner Company
 9104 Guilford Road
 Columbia, MD 21046 USA
 USA
 Phone +1-954-946-9454
 Fax +1-954-946-9309

www.gardco.com

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Standard terms are 30 days net) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.