

# **ACCOUNT APPLICATION**

PLEASE COMPLETE ALL QUESTIONS (print or type).
NOTE: THIS APPLICATION WILL BE RETURNED IF NOT COMPLETED IN FULL.

| Business Name:  |            |                         |               |                | (1)                | incorporated prin | nt evactly             | as shown on            | Corporate Charter |  |
|---|------------|-------------------------|---------------|----------------|--------------------|-------------------|------------------------|------------------------|-------------------|--|
| Type of Business:                                       |            |                         |               |                |                    | meorporated, pm   |                        | as shown on            |                   |  |
| Number of Years in Business:                            |            | Phor                    | ne (Bus): (   | )              |                    |                   |                        |                        |                   |  |
| Street Address or Physical Location                     | on:        |                         |               |                |                    |                   |                        |                        |                   |  |
| Billing Address:  |            |                         |               |                |                    |                   |                        |                        |                   |  |
| Purchasing Agent:                                       |            |                         |               | E-mail Ado     | dress:             |                   |                        |                        |                   |  |
|   |            |                         |               | Annual Sal     | es:                |                   |                        |                        |                   |  |
| Type of Organization:                                   |            |                         |               |                |                    |                   |                        |                        |                   |  |
| Corporation Partnership                                 | Ind        | lividual Federal        | Tax I.D. Nu   | mber:          |                    |                   |                        |                        |                   |  |
|   |            |                         |               |                |                    |                   |                        |                        |                   |  |
| List of Complete Names of all Pr                        | incipals:  |                         |               |                |                    |                   |                        |                        |                   |  |
| Name  | Title      |                         | Home Addre    | Home Address   |                    |                   |                        | Social Security Number |                   |  |
| Name  | Title      |                         | Home Addre    | Home Address   |                    |                   | Social Security Number |                        |                   |  |
| Name  | Title      |                         | Home Addre    | Home Address   |                    |                   | Social Security Number |                        |                   |  |
|   |            |                         |               |                |                    |                   |                        |                        |                   |  |
| Credit References:<br>Banks (include personal bank if p | proprieto  | orship or partnership): |               |                |                    |                   |                        |                        |                   |  |
| 1.  |            |                         |               |                |                    |                   | (                      | )                      |                   |  |
|   | Complete A | e Address               |               |                | Officer to Contact |                   | _ (                    | /                      | Telephone Number  |  |
| 2. <sub>Name</sub>                                      | Complete A | Address                 |               |                | Officer to Contact |                   | _ (                    | )                      | Telephone Number  |  |
| Equipment dealers and other sup                         | nliers th  | at have extended credi  | t to you (mu  | st include ema | ;/).               |                   |                        |                        |                   |  |
| Equipment dealers and other sup                         | phers th   | at have extended eredi  | it to you (mu | si meinae emai |                    |                   |                        |                        |                   |  |
| 1Name of Suppliers or Finance Co.                       |            | Complete Address        |               |                |                    |                   |                        |                        |                   |  |
| ()  |            |                         |               |                |                    |                   |                        |                        |                   |  |
| Te  | elephone   | Email Required          |               |                |                    |                   |                        |                        |                   |  |
| 2. Name of Suppliers or Finance Co.                     |            | Complete Address        |               |                |                    |                   |                        |                        |                   |  |
| ( )   |            |                         |               |                |                    |                   |                        |                        |                   |  |
| Te  | elephone   | Email Required          |               |                |                    |                   |                        |                        |                   |  |
| 3Name of Suppliers or Finance Co.                       |            | Complete Address        |               |                |                    |                   |                        |                        |                   |  |
|   |            | complete / tearcoc      |               |                |                    |                   |                        |                        |                   |  |
| ()  | elephone   | Email Required          |               |                |                    |                   |                        |                        |                   |  |
| 4. Name of Suppliers or Finance Co.                     |            | Complete Address        |               |                |                    |                   |                        |                        |                   |  |
| ( )   |            |                         |               |                |                    |                   |                        |                        |                   |  |
| ( /   | elephone   | Email Required          |               |                |                    | _                 |                        |                        |                   |  |



### **ACCOUNT APPLICATION**

We accept Mastercard, Visa, American Express, & Discover.

# THESE QUESTIONS MUST BE ANSWERED!

Our credit terms are listed on each invoice. If your credit is approved, will you agree to pay your account on time? Yes No

If a payment discount is allowed, will you take the discount? Yes No

#### PLEASE READ: IF THIS CREDIT APPLICATION IS APPROVED, I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

- 1. All sales are conditional sales and title to property is expressly retained by GVM until payment is made in full.
- 2. All accounts are due and payable per the terms listed on each invoice. All past due accounts are subject to a FINANCE CHARGE OF 1-½% PER MONTH OR 18% ANNUAL PERCENTAGE RATE. I agree to pay all collection expenses, including a reasonable attorney's fee if my account is submitted for collection.
- 3. I agree to pay all finance charges assessed on my account. I further agree not to take payment discounts on invoices that are past the payment due dates. No discounts will be allowed on current invoices if there are unpaid invoices, finance charges or disallowed discounts.
- 4. All receipts on the account will be applied to the oldest invoices including finance charges.
- 5. I hereby authorize GVM to correspond with all references, etc.
- 6. Attachments: Personal Guarantee attached Yes No Most recent Financial Statement attached Yes No
- 7. Sales Tax Exemption Information. If you are tax exempt, please complete a state approved Sales Tax Exemption form and return it with this application. If the form is not received, all invoices will be charged sales tax.

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## **TERMS & CONDITIONS**









# Warranty

All items listed in the catalog have different warranties, for clarification call GVM.

#### **Delivery**

Delivery is available for large equipment. Contact GVM for available delivery dates and costs. Most items are stocked in our warehouses and can be shipped UPS, same day.

#### **Prices**

Due to the instability of the market, all prices and quotations are subject to change without notice.

#### **Return Policy**

#### Please note, our return policy has changed, read carefully.

No merchandise is to be returned to GVM for credit unless authorized by an GVM representative. Returns must include an authorization number and must be shipped prepaid. Special order items will not be accepted back into our stock.

There will be a 20% restocking charge off the invoice cost on approved returns. Additional charges will be made if merchandise is in less than saleable condition.

All merchandise shipped to GVM without authorization will be returned freight collect.

Should a return not be made within 20 days of receipt, the invoice or invoices on which these items appear must be paid.

#### No returns will be credited 45 days after invoice date.

#### **Credit Policy**

Open accounts are established after credit has been obtained. If you wish to establish credit, request a credit application from GVM.

After satisfactory credit has been established, future orders can be processed on an open account.

Initial orders will be shipped on a credit card or COD basis until your credit line has been established.

Terms of sale are stated on all invoices and are subject to payment accordingly.

#### Minimum Order

All orders of \$25.00 list may be eligible for discounts. Orders less than \$25.00 list will be billed at list price. A minimum invoice of \$10.00 is required.

Please mail in application to:





