

GT Controls LLC
CREDIT APPLICATION FOR A BUSINESS ACCOUNT



Amount of credit requested: US\$ _____

BUSINESS CONTACT INFORMATION

Company Name		Date business commenced	
Name of Officer		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Phone			
E-mail			
Registered company address			
Street Number / Suite City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. All GT Controls terms & conditions apply
3. By submitting this application, you authorize GT Controls LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	