

PLEASE GIVE COMPLETE ANSWERS TO ALL QUESTIONS: (PLEASE PRINT OR TYPE)  
 NOTE: THIS APPLICATION WILL BE RETURNED IF NOT COMPLETED IN FULL.

Complete Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ (If Incorporated, print exactly as shown on Corporate Charter)

Number of Years in Business: \_\_\_\_\_ Phone (Bus): ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Street Address or Physical Location: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Bookkeeper: \_\_\_\_\_

Annual Sales: \_\_\_\_\_

Type of Organization:

Corporation Federal Tax I.D. Number \_\_\_\_\_

Partnership Federal Tax I.D. Number \_\_\_\_\_

Individual

List of Complete Names of All Principals:

Name	Title	Home Address	Social Security Number

Credit References:

Banks (include personal bank if proprietorship or partnership):

1. \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone

Name Complete Address Officer to Contact

2. \_\_\_\_\_ ( ) \_\_\_\_\_

Equipment dealers and other suppliers that have extended credit to you (please include your fax number to expedite your account):

3. \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone \_\_\_\_\_ Fax

Name of Suppliers or Finance Co, Complete Address

4. \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

5. \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

6. \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

7. \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**GVM INC**  
 374 Heidlersburg Rd.  
 Biglerville, PA 17307  
 800-345-3546  
 FAX: 800-233-4771

**GVM WEST**  
 4341 Sandhill Rd.  
 Bellevue, OH 44811  
 800-848-8460  
 FAX: 800-541-0755

**GVM INDIANA**  
 8497 South US 31  
 Bunker Hill, IN 46914  
 888-563-1988  
 FAX: 765-689-5014

**GVM SNOW**  
 PA 800-458-5123  
 OH 800-377-2522

**GVM AGJUNCTION**  
 814-308-0328

**THESE QUESTIONS MUST BE ANSWERED!**

Our credit terms are listed on each invoice. If your credit is approved, will you pay your account on time? \_\_\_\_\_

If a payment discount is allowed, will you take the discount? \_\_\_\_\_

**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, Inc. 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 1-1/2% 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, Inc. 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.

I HEREBY CERTIFY THAT ALL QUESTIONS ANSWERED ABOVE ARE FACTUAL TO THE BEST OF MY KNOWLEDGE.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

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