

GENERAL MECHANICAL, INC.

7600 KING STREET ANCHORAGE, AK 99518 PH (907) 522-5959 FAX (907) 522-6006

APPLICATION FOR CREDIT- PART 1

PLEASE COMPLETE THE FOLLOWING IN FULL. ALL INFORMATION WILL REMAIN CONFIDENTIAL

NAME OF FIRM/ INDIVIDUAL _____

ADDRESS _____

TELEPHONE _____

CITY _____

STATE _____

ZIP _____

FAX _____

EMAIL ADDRESS _____

OWNERSHIP

NAME (PRESIDENT) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

NAME (SECRETARY OR TREASURER) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

_____ CORPORATION

_____ PARTNERSHIP

_____ PROPRIETORSHIP

_____ LLC

_____ INDIVIDUAL

STATE BUSINESS LICENSE _____

FEDERAL TAX ID _____

YEARS IN BUSINESS _____

APPROXIMATE CREDIT LINE REQUESTED _____

TERMS

General Mechanical, Inc. has standard terms of Net 30 Days from date of invoicing. These terms supersede any reasons for non-payment such as payment delays (by your customers), item disputes, or other cash flow problems. Acceptance of our terms is a binding agreement between your company and General Mechanical, Inc. that will, if necessary, be used to exact payment should your account become delinquent.

I (We) certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payments in consideration of extended credit. In case of default in payment and if action is brought to collection, I agree to pay all costs, including reasonable attorney fees. I hereby authorize General Mechanical, Inc. to check all banking and credit information necessary to establish an account.

NAME _____

SIGNATURE _____

TITLE _____

DATE _____

GENERAL MECHANICAL, INC.

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APPLICATION FOR CREDIT- PART 2

TRADE REFERENCES*

(THIS SIDE FOR OFFICE USE)

1		
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

2		
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

3		
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

BANK INFORMATION

BANK NAME/ BRANCH	ACCOUNT NO.	
CONTACT PERSON	CREDIT LINE (Y/N) _____	
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

***REFERENCES SHOULD BE IN LIKE AMOUNT OF THE CREDIT LINE REQUESTED**