



# CREDIT APPLICATION

Date \_\_\_\_\_ Company Name \_\_\_\_\_

Street Address/Physical Location \_\_\_\_\_  
Street City State Zip

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

What does your company do? \_\_\_\_\_

Names of Associated Companies \_\_\_\_\_

Customer is \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Incorporation

Tax Exempt \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, a signed exemption certificate must be attached.

How long business has been established \_\_\_\_\_

A/P Contact \_\_\_\_\_ President \_\_\_\_\_

### LIST COMPLETE NAMES OF ALL PURCHASERS/BUYERS

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

Bank Reference \_\_\_\_\_  
Bank Name Phone Fax

Bank Contact \_\_\_\_\_ Account # \_\_\_\_\_

### TRADE REFERENCES

Company Name	Contact	Phone	Fax
1. _____			
2. _____			
3. _____			

By signing this form, I hereby authorize you to verify this information. We certify that all the information on this form is correct. We fully understand and agree to proper payment in consideration of extended credit. If our account is not paid in full as stated on the invoice, we agree to pay all costs incurred by GAG SIM/TECH FILTER in the collection of our account, including reasonable attorney's fees.

THIS APPLICATION MUST BE SIGNED BY AN AUTHORIZED RESPONSIBLE PARTY.

\_\_\_\_\_  
Signature Title Date

Please return this credit application via fax, email, or address at the following:  
Fax: 231-582-7324 Email: [simtech@freeway.net](mailto:simtech@freeway.net) Address: 1455 LEXAMAR DRIVE., Boyne City, MI 49712 USA  
Please call 888-999-3290 if you have any questions pertaining to this credit application. Thank you.