



APPLICATION FOR CREDIT AND AGREEMENT

Bill to Address:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Ship to Address: Check box if same as bill to

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Date: _____ Yrs in Business: _____ Annual Gross Sales: _____ Federal I.D. # _____

State sales tax ID. # (if exempt): _____

Please enclose a copy of state exemption certificate & [Completed ST-3 form](#).

Company Type (please check one of the following) :

Corporation Partnership Proprietorship LLC

BANK INFORMATION

Name: _____ Contact _____ Address: _____

City: _____ State: _____ Zip: _____ Account #: _____

CREDIT REFERENCES

Name: _____ Address: _____

Phone: _____ Fax: _____ Contact Person: _____

Name: _____ Address: _____

Phone: _____ Fax: _____ Contact Person: _____

Name: _____ Address: _____

Phone: _____ Fax: _____ Contact Person: _____



ORDERING INFORMATION

Accounts Payable Contact: _____ Phone: _____ Email: _____
Buyer Name: _____ Phone: _____ Email: _____
Buyer Name: _____ Phone: _____ Email: _____
Buyer Name: _____ Phone: _____ Email: _____

Preferred Method of Delivery (Please check one):

Pick Up FedEx SpeeDee UPS Other: _____

Preferred Method of Invoicing: (Please check one of the following)

Email Invoice Printed and Mailed Invoice

Standard credit terms are net 30, for credit amounts past 30 days, GoldCom will apply a late fee of 1-1/2% per month (18% per year) to the uncollected balance. If an account remains out of terms and further action is required, all collection fees, interest payments, attorney fees and court fees will be the responsibility of the customer. In signing this form you are agreeing to the terms stated above and acknowledge that you are authorized to sign this application. The undersigned hereby authorizes GoldCom to contact and obtain confidential information from the above-named references and promises to pay for the purchases in a timely manner. The undersigned agrees that any lawsuit for collection or any other issue will be brought in a Minnesota court selected by GoldCom. Thank you for the opportunity to do business with you!

SIGNATURE: _____ TITLE: _____ DATE: _____

The undersigned personally and unconditionally guarantees all payments to GoldCom.

SIGNATURE: _____ DATE: _____

WdA/Henney-2009/Form-GoldCom

Please send your completed application to one of the following:

Email: frontdesk@goldcom.us

Fax: 651-457-7194