Gobin's Inc.
Business Solutions

Credit Application

Company Information:

Name_____ DBA_____ Est____
Address_____ City_____ State_____ Zip_____
Billing Address_____ City_____ State_____ Zip_____
Acct/P Name_____ Phone_____ Fax_____ Email_____
Fed Tax ID #_____ Type of Business_____

Business Structure: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Government ☐ Other_____

Taxing Information: If purchases are exempt from sales tax please state reason, provide all city and state exempt or resale numbers, and **attach a copy of resale or exemption certificate**.

Exempt reason _____ State #_____ City #_____

Purchase order required? Yes No
List of Buyers_____ _____ _____ _____ _____

Trade References:
Name_____
Address_____
Phone_____ Fax_____ Account#_____

Name_____
Address_____
Phone_____ Fax_____ Account#_____

Name_____
Address_____
Phone_____ Fax_____ Account#_____

I understand and agree to abide by the following

1. I will notify Gobin's, Inc. of any change in ownership of our company.
2. If granted our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay a finance charge of 1.5% per month for all invoices over 30 days past due.
4. If our company defaults on any out standing valid invoices, we agree to pay attorney and/or collection expenses.

I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis, and I authorize Gobin's, Inc. to make inquiry regarding credit information contained in this application.

_____

Print Name **Signature** **Title** **Date**

Store use only
SIsm#_____
Sales Tax: City_____ County_____ State_____
Applicable Contracts_____
Approval_____ Date_____
Accounting Appoval_____ Date_____ Customer #_____

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