

# ACCOUNT AND CREDIT APPLICATION

Return **Completed Application** and **State Resale Tax Certificate**  
to customerservice@gharmorsystems.com or fax to (866) 920-5941



**READY IS THE ONLY OPTION.**

## BILLING

NAME:		DUNS #:	
ADDRESS:		FEIN/FEDERAL TAX ID #:	
CITY:	STATE:	ZIP CODE:	
PHONE:	FAX:	EMAIL:	
EMAIL FOR ORDER CONFIRMATIONS:			

## SHIPPING

SAME AS BILLING

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## ACCOUNTS PAYABLE

BUSINESS (COMPLETE PAGE 2)       GOVERNMENT

CREDIT LIMIT REQUESTED: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_



PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL FOR INVOICES: \_\_\_\_\_

## FREIGHT

**FedEx** is the default carrier for GH Armor shipments. Check YES below for default carrier. If you would like to use your own FedEx account or engage an alternate carrier, check NO and indicate below. Please note customer is responsible for all charges associated with alternate carrier pickup/delivery and understands that transit may be adversely affected.

YES (FEDEX DEFAULT)       NO (ALTERNATE ACCOUNT/CARRIER)

CARRIER:                    OTHER: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ SHIP INSURED?     YES     NO

COMMENTS: \_\_\_\_\_

## TERMS

**Terms are NET 30 days with interest on overdue accounts charged at 1.5% per month (18% per annum) unless otherwise indicated in writing.** I authorize GH Armor Systems Inc. to obtain credit reports or other information as deemed necessary in connection with the establishment and maintenance of a credit limit amount or for any other direct business requirements. I have read and agree to abide by the credit terms as described.

## SIGNATURE REQUIRED IN ORDER TO PROCEED

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

## FOR OFFICE USE ONLY

CREDIT LIMIT APPROVED:	APPROVED BY:	
ACCOUNT #:	CUSTOMER TYPE:	EDC:
PRIMARY SALESPERSON:	MARKET SEGMENT:	
TERRITORY:	PT:	
DATE:	ENTERED BY:	

# ACCOUNT AND CREDIT APPLICATION

## PAGE 2 (NON-GOVERNMENT CUSTOMERS ONLY)



READY IS THE ONLY OPTION.

IN BUSINESS SINCE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY: \_\_\_\_\_

NAME(S) OF PRINCIPAL(S): \_\_\_\_\_

### CREDIT REFERENCES

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

.....

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

.....

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### BANKING

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**I AUTHORIZE THE ABOVE NOTED REFERENCES AND BANK TO RELEASE INFORMATION TO GH ARMOR SYSTEMS INC:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_