

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: _____