

GTI Industries, Inc.

3303 NW 112 Street - Miami, Florida 33167-3312
Dade 305-681-5000 Broward 954-522-8155 Fax 305-688-3204
FL Toll Free 1-800-273-8311 www.gtiindustries.com

**CREDIT APPLICATION**

_____/_____/_____ Date		_____ State Sales Tax Number
_____ Name of Firm or Individual		_____ Federal ID or Social Security #
_____ Billing Address		_____ Years at this address
_____ City	_____ Zip Code	_____ Area code - Phone number
_____ Ship to Address (If different)		_____ Area code - Fax Number
_____ City	_____ Zip Code	_____ Accounts Payable Contact
_____ Nature of Business		_____ Accounts Payable Phone No.
_____ Date established or acquired		_____ DUNS # if available
\$ _____ Net worth (if available)	\$ _____ Annual Sales	_____ Number of employees

Person (s) authorized to issue purchase orders:

_____, _____

Has the applicant been sued in the last 5 years? _____ if yes, provide details on separate sheet.

Legal type of business (i.e. Sole Proprietorship, Corporation, etc.) _____

Principal owner(s), Director(s), or Officer(s):

1. _____
Name/Title(s) _____ Resident Address _____
Social Security Number _____
2. _____
Name/Title(s) _____ Resident Address _____
Social Security Number _____
3. _____
Name/Title(s) _____ Resident Address _____
Social Security Number _____

Special Instructions:

1. **Purchase Order Number Required** ___ Y ___ N 2. Delivery Hours _____
3. **GTI policy** is to send a combined invoice/delivery ticket with the order. Is this ok?
(Yes _____) or (No _____) (If No.... Other _____) Fax, Email.
4. Please provide email or fax number: _____

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Bank References:

Bank _____ Bank Address _____
 Phone Number _____ Fax Number _____
 Account Number _____

Trade references other than landlord, freight, finance or leasing company. Please give complete information.

1. _____
 Business Name Complete Address Phone Number Fax Number
2. _____
 Business Name Complete Address Phone Number Fax Number
3. _____
 Business Name Complete Address Phone Number Fax Number

FLORIDA SALES TAX EXEMPTION

If items being purchased are for resale or are being incorporated into property that is being produced for sales by manufacturing or processing, you must include a signed copy of your Florida Annual Resale Certificate (DR-13) to be tax exempt.

PLEASE CHECK ONE OF THE FOLLOWING BOXES IF SUBMITTING A DR-13!!

- DO NOT CHARGE TAX ON ANY ITEM (GTI must collect tax on equipment/parts installed at your location)
- CHARGE TAX ON CONSUMABLE (i.e. maintenance products) BUT NOT ON PACKAGING GOODS
- OTHER (SPECIFY WHICH ITEMS ARE NON-TAXABLE): _____

General Terms and Conditions of Sales

1. The undersigned certifies that the information provided herein is correct, and that it is submitted for the purpose of obtaining Credit, and authorizes *GTI Industries, Inc.* to investigate the references provided and further authorizes the above-stated references to release all financial information requested to *GTI Industries, Inc.* The undersigned understands that *GTI Industries, Inc.* is relying on the information provided in making the decision to extend credit.
2. All goods and services received by the buyer shall be considered accepted by the buyer at the time of receipt. Any and all discrepancies must be noted at the time of receipt.
3. The buyer agrees to pay the seller for goods and services according to the seller's terms.
4. Buyer understands and agrees to pay all charges in accordance with its approved credit terms (If credit terms have not been established, then COD or credit card payments will apply). Buyer understands that a one and one-half percent (1-½%) Finance Charge per month annual percentage rate of 18%) will be added to Buyer's account at the end of each month for balances 30 days or more past due and buyer agrees to pay said charges.
5. Should it become necessary to place this account for collection, suit, or other legal proceeding, the undersigned agrees to pay all costs and expenses of collection, suit, or other legal action, including a reasonable attorney's fee and, if necessary, appellate fee. Venue shall be Miami-Dade County, Florida.

Applicant's signature attests financial responsibility, ability and willingness to pay for invoices, goods and a service received and agrees to **accept all the above terms and conditions of sale.**

Prepared by:

Signature

Name (Please Print)

Date

Title (Officer, Owner, or Partner)

ACCOUNT SETUP FOR MARKET SEGMENT

Tell Us which segment best describes your business

- (01)___ Aircraft parts manufacture & distribution
- (02)___ Chemical manufacturing & distribution
- (16)___ Garment, Apparel, Footwear, Textile
- (6B)___ Computer accessories and equipment manufacturer & distribution
- (04)___ Commercial printing
- (6E)___ Electronic component manufacturing & distribution
- (17)___ Health, pharmaceutical & medical manufacturing & distribution
- (7C)___ Boating Industry & related sector
- (03)___ Industrial and building material manufacturing & supply (Roofing, siding tile, windows and doors, wire/cable, plumbing, etc.)
- (15)___ Freight shipping services, warehousing & storage, logistics
- (10)___ Jobber / Resale
- (08)___ Mailbox / Postal Center
- (11)___ Export
- (13)___ Food Processing (Bakery, Beverage, Fruit, Vegetable, meat, Poultry)
- (6A)___ Perfumes, Cosmetics, Toiletries, Optical.
- (19)___ Government Agencies & Municipalities
- (09)___ Mail Order, Internet, Catalog & Fulfillment
- (07)___ General Industries, Manufacturing & Distributing (Auto, Machinery, Glass, Metal Fabrication, Furniture, Rags, Security & Safety, Telecommunication, Other, etc.)
- (20)___ Other

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AUTHORIZATION TO OBTAIN CREDIT INFORMATION. Buyer hereby authorizes Seller or any credit bureau employed by seller to investigate the references listed herein of statements or other data obtained from Buyer or from any person pertaining to Buyer's credit responsibility and to supply other information if requested.

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**Your Full Service Packaging Supply Specialist And Recognized
Market Leader In Customer Satisfaction For Over Thirty Five Years**



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CREDIT CARD AUTHORIZATION FORM



CREDIT CARD NUMBER: _____
EXP. DATE: _____ VISA & MASTERCARD V#: _____ (3 NUMBERS ON BACK OF CARD)

CARD HOLDER BILLING INFORMATION

NAME: (AS SHOWN ON CARD) _____
CARDHOLDER ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
TELEPHONE: _____ FAX: _____
NAME OF COMPANY/YOUR POSITION: _____

SHIP TO INFORMATION (IF DIFFERENT FROM ABOVE)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

COMPANY INFORMATION

BANK OR FINANCIAL INSTITUTION: _____
CITY: _____ STATE: _____

I HERBY AUTHORIZE GTI INDUSTRIES, INC. TO CHARGE MY CREDIT CARD FOR CURRENT AND ALL FUTURE PURCHASES MADE FROM GTI UNTIL EXPIRATION DATE ON CREDIT CARD.

I WILL BE FULLY RESPONSIBLE FOR ANY INCOMPLETE OR FRAUDULENT INFORMATION. SHOULD IT BECOME NECESSARY TO PLACE THIS ACCOUNT FOR COLLECTION, SUIT, OR OTHER LEGAL PROCEDURES, THE UNDERSIGNED AGREES TO PAY ALL COSTS AND EXPENSES OF COLLECTION, SUIT OR LEGAL ACTION, INCLUDING A REASONABLE ATTORNEYS FEE, AND IF NECESSARY APPELLATE FEE. VENUE SHALL BE MIAMI-DADE COUNTY, FLORIDA

SIGNATURE: _____ DATE: _____

******A SIGNED PICTURE ID OR A COPY OF CREDIT CARD IS REQUIRED TO HELP ENSURE AUTHENTICITY AND PREVENT FRAUDULENT USE OF CREDIT CARDS.******