

Credit Application Form

Please fax your complete credit application to: (714) 556-4229
or email: shirley_banai@gcamerica.com



GC Advanced Technologies Inc.

Company Information:

Company Name			
Mailing Address			
Bill To (Invoice)	<input type="checkbox"/> Same as mailing address Other:		
Phone Number		Fax Number	
Email			
Number of years in business			
Annual sales		Total number of employees	

Contacts:

Lab Owner/Manager	
Accounts Receivable	
Other	

Bank Information:

Reference	
Address	
Account Number	

References: (you must include three of your largest suppliers)

Supplier # 1 Name:	Supplier # 1 Phone Number:
Supplier # 1 Address:	
Supplier # 2 Name:	Supplier # 2 Phone Number:
Supplier # 2 Address:	
Supplier # 3 Name:	Supplier # 3 Phone Number:
Supplier # 3 Address:	

Print Name:		Title:	
Signature:			

***Please send your State Tax Exempt Certificate or Resale Certificate with this application.**