



46575 Magellan Dr. Novi MI. 48377 (248) 354-3710 (248) 354-3763 (fax)

### CREDIT APPLICATION

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Type of Business \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date Company Established \_\_\_\_\_ We e-mail or fax invoices. Please provide email

Number of Employees \_\_\_\_\_ address or fax # to send invoices to

FEDERAL TAX # \_\_\_\_\_

Names and Positions of Principles or Officers Tax Exempt (Circle One) Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Accounts Payable Supervisor \_\_\_\_\_

Vendor References	City	Phone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Assets:**  
Cash \_\_\_\_\_  
Accts. Rec. \_\_\_\_\_  
Inventory \_\_\_\_\_  
Net Worth \_\_\_\_\_  
Annual Sales \_\_\_\_\_

**Liabilities**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Title \_\_\_\_\_

Print Name \_\_\_\_\_

Payment terms are Net 30 days. No hold backs or retainer deductions allowed. After completing this form please e-mail to: [credit@goglycolpros.com](mailto:credit@goglycolpros.com) along with tax exemption form (if applicable).