

## Griplock Systems, Inc. Credit Application

<b>Business Name:</b>				
Address:				
City, State, Zip Code:				
Phone:		Fax:		
Purchasing Contact Name:			Phone :	
Fax:		Email:		
<b>If you have more than one location, do you have centralized billing?</b>				
<b>Billing address:</b> (If different from above)				
City, State, Zip Code:				
<b>A/P Contact Name:</b>			Phone:	
Fax:		Email:		
Our terms are net 30, does your Company require special terms?				
If yes, what are they?				
<i>Please note: Special payment terms must be requested in writing and approved by</i>				
<i>Griplock Systems Management before any orders are shipped.</i>				
How long have you been in business?				
Nature of your business?				
OEM?	Distributor?	Contractor?	Retailer?	End User?
<b>Bank References:</b>				
Name of Bank:				
Address:		City:		
State, Zip Code:		Account #		
Contact Name:		Phone:		Fax:
<b>Trade References:</b> <i>Note: We must receive at least 3 favorable responses to consider Open Account status.</i>				
<i>We must have fax numbers.</i>				
Name of Company:				
Address:				
City, State, Zip Code:				
Contact Name:		Phone:		Fax:
Name of Company:				
Address:				
City, State, Zip Code:				
Contact Name:		Phone:		Fax:
Name of Company:				
Address:				
City, State, Zip Code:				
Contact Name:		Phone:		Fax:
Name of Company:				
Address:				
City, State, Zip Code:				
Contact Name:		Phone:		Fax:

Please Fax back to 805.566.0065. Thank you.