



GVM INC
374 Heidlersburg Rd.
Biglerville, PA 17307
800-345-3546



GVM WEST
4341 Sandhill Rd.
Bellevue, OH 44811
800-848-8460



GVM RICHLAND
2373 NW Route 121
Decatur, IL 62526
800-728-2500



GVM SNOW
PA 800-458-5123
OH 800-377-2522
IL 800-233-4742

APPLICATION FOR ACCOUNT

PLEASE GIVE COMPLETE ANSWERS TO ALL QUESTIONS: (PLEASE PRINT OR TYPE)
NOTE: THIS APPLICATION WILL BE RETURNED IF NOT COMPLETED IN FULL.

Complete Firm Name: _____
(If Incorporated, print exactly as shown on Corporate Charter)

Kind of Business You Are In: _____

Number of Years in Business: _____ Phone (Bus): () _____ Fax #: () _____

Street Address or Physical Location: _____

Billing Address: _____

Purchasing Agent _____ Bookkeeper: _____

Annual Sales: _____

Type of Organization:

Corporation Federal Tax I.D. Number _____

Partnership Federal Tax I.D. Number _____

Individual

List of Complete Names of All Principals:

Name	Title	Home Address	Social Security Number

Credit References:

Banks (include personal bank if proprietorship or partnership):

1. _____ () _____ Telephone

Name
Complete Address
Officer to Contact

2. _____ () _____

Equipment dealers and other suppliers that have extended credit to you (please include your fax number to expedite your account):

3. _____ () _____ () _____ Fax

Name of Suppliers or Finance Co.
Complete Address
Telephone

4. _____ () _____ () _____

5. _____ () _____ () _____

6. _____ () _____ () _____

7. _____ () _____ () _____



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THESE QUESTIONS MUST BE ANSWERED!

Our credit terms are listed on each invoice. If your credit is approved, will you pay your account on time? _____

If a payment discount is allowed, will you take the discount? _____

Please Read:

IF THIS CREDIT APPLICATION IS APPROVED, I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. All Sales are conditional sales and title to property is expressly retained by GVM, Inc. until payment is made in full.
2. All accounts are due and payable per the terms listed on each invoice. All past due accounts are subject to a FINANCE CHARGE OF 1 1/2% PER MONTH OR 18% ANNUAL PERCENTAGE RATE. I agree to pay all collection expenses, including a reasonable attorney's fee if my account is submitted for collection.
3. I agree to pay all finance charges assessed on my account. I further agree not to take payment discounts on invoices that are past the payment due dates. No discounts will be allowed on current invoices if there are unpaid invoices, finance charges or disallowed discounts.
4. All receipts on the account will be applied to the oldest invoices including Finance Charges.
5. I hereby authorize GVM, Inc. to correspond with all references, etc.
6. Attachments: Personal Guarantee attached Yes No
Most recent Financial Statement attached Yes No
7. Sales Tax Exemption Information - If you are tax exempt, please complete a state approved Sales Tax Exemption form and return it with this application. If the form is not received, all invoices will be charged sales tax.

I HEREBY CERTIFY THAT ALL QUESTIONS ANSWERED ABOVE ARE FACTUAL TO THE BEST OF MY KNOWLEDGE.

Signed _____ Title _____

Date _____