



8460 BELVEDERE AVENUE  
 SUITE 3  
 SACRAMENTO, CA 95826  
 TEL: (916) 374-7747 FAX: (916) 374-7393  
 EMAIL: CREDIT@GSDISTRIBUTING.NET

## NEW ACCOUNT APPLICATION

TYPE OF TERMS REQUESTED:

CREDIT CARD  CERTIFIED C.O.D  COMPANY CHECK  OPEN ACCOUNT

NOTE: IF REQUESTING CREDIT CARD TERMS, PLEASE COMPLETE CREDIT APPLICATION AND CREDIT CARD AUTHROZIAITON FORM.

**Company Information:**

Legal Name: \_\_\_\_\_

D.B.A (if applicable): \_\_\_\_\_

Principle: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_ FED Tax ID: \_\_\_\_\_ Resale: \_\_\_\_\_

WE REQUIRE A COPY OF YOUR STATE RESALE LICENSE BEFORE WE CAN PROVIDE YOU WITH ANY PROGRAM INFORMATION AND PRICING.

TYPE OF BUESINESS:  CORPORATION  PROPRIETORSHIP  PARTNERSHIP  LLC

Buyer Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Locations: \_\_\_\_\_ Store Front:  Yes  No For Large Orders, Is Lift Gate Needed:  Yes  No

Sales Total Last 6 Months: \$ \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

By signing below, signer certify all information is true and correct to the best of my knowledge. Signer also agrees to all GS Distributing terms and conditions.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please include copy of driver's license. Credit Card Authorization must be provided with Credit Application.