



CONFIDENTIAL CREDIT APPLICATION

3445 Board Road. York. PA 17406-8409 • 717-767-6881 or 800-233-9382 • FAX: 717-767-6888

Date: _____

D&B: _____

Please type or print all information clearly, then return to Gent-L-Kleen Products. Allow 2 weeks for processing.

Name: _____

Street: _____

City/State/Zip: _____

Phone: _____ Fax: _____

800# for end user referrals: _____

Billing address if different than above:

Street: _____

City/State/Zip: _____

Organization Information

Partnership Individual Proprietorship Corporation

Year Established: _____

SIC Number(s): _____

Check trade that best describes your company:

- Automotive Janitorial Heavy Duty
- Paint, Body & Equipment Industrial
- Welding Supply Other _____

Approximate number of employees:

- 1-5 6-15 16-50 51-100 over 100

President, Owner or Administrator, Name & Title:

Treasurer: _____

Accounts Payable Mgr.: _____

Phone: _____

Purchasing Procedures

Name and title of person primarily responsible for purchasing:

Others who may place orders:

Name: _____

Title: _____ Phone: _____

Name: _____

Title: _____ Phone: _____

If located in Pennsylvania, please enclose a copy of your tax exemption certificate. Tax exemption certificate enclosed

What is your estimated monthly credit requirement from Gent-L-Kleen Products, Inc.? _____

Do you use Purchase Order Numbers? Yes No

Trade References. Please do not use oil or credit card companies, 3M Company, Xerox, IBM or public utilities. They will not confirm information.

Firm (1): _____

POB/Street: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Account No.: _____

Firm (2): _____

POB/Street: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Account No.: _____

Firm (3): _____

POB/Street: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Account No.: _____

Bank Reference (MUST COMPLETE IN FULL)

Bank: _____

POB/Street: _____

City/State/Zip: _____

Phone: _____

Authorization for Bank Credit Inquiry

I hereby authorize _____ (Name of bank) to reveal normal credit information to the Credit Manager of Gent-L-Kleen Products for the purpose of consideration of the establishment of trade credit.

Your Co. Name on Account: _____

Account No. (Please Include): _____

Authorized Signature: _____

Title: _____ Date: _____