



State Incorporation

Application Date

| COMPANY INFORMA   | TION  |  |  |  |   |  |
|---|---|--|--|--|---|--|
|   |   |  |  |  |   |  |
| Company Name  |   | Company Established Date   |  |  |   |  |
| Billing Street Address  |   |  |  | City   |   |  |
| Jilling Street Address  | ſ   | I  | I  | l  |   |  |
| state/Province  | Zip/Postal Code   | Country  | Main Phone   | Main Fa  | эх  |  |
| Accounts Payable Contact  | <u> </u>  | <br>Email  |  | Direct Phone   |   |  |
| Accounts Payable Contact  | L   | EIIIdii  |  | Direct Phone   |   |  |
| vriting. Customers with orepaid.  ATE CHARGES Applicated and COLLECT PAST DUE INVOICES Values allow 1-2 weeks to proved. I hereby certify the proved. | al responsibility to pay all in established Gemini credit a sant agrees to pay late charge. TION FEES Applicant agree will cause delays in shipmen occuplete processing. You nat all the information subroy authorize the listed bank | re expected to pay net v ges at a rate of 1-1/2% p es to pay all collection ex nts. r order will be processed mitted is correct. I autho | vithin the terms or accour<br>per month on any balance<br>xpenses including reasona<br>d using credit card or with<br>prize Gemini to obtain a p | not paid within term able attorneys fees if t current terms until yoursonal credit report. | credit card or s. he need should arise. our credit is ap- |  |
| Name  |   | Signature  |  |  |   |  |
| BANK INFORMATION  |   |  | 1  |  |   |  |
| Dank Nama   |   |  | Donle  | Dhana  |   |  |
| Bank Name   |   | 1  | Bank   | Phone  |   |  |
| treet Address   |   | City   | State  | /Province  | Zip/Postal Code   |  |
| Bank Contact Person   |   |  | Bank   | Bank Account Number  |   |  |
| OWNERSHIP INFORM  | ATION   |  | I  |  |   |  |
| Owners Name   |   |  | Socia<br>  | l Security # (US Only)   |   |  |
| Home Street Address   |   | City   | State  | /Province  | Zip/Postal Code   |  |
| Home/Cell Phone   |   | Home Email   | ı  |  |   |  |
| Officer Name  |   |  | <br>Title  |  |   |  |
|   |   |  |  |  |   |  |

Federal ID# (US Only)

| Name                            |  |   |                     |
|---------------------------------|--|---|---------------------|
|                                 |  |   |                     |
| Street Address                  | City   | State/Province                            | Zip/Postal Code     |
|                                 |  |   |                     |
| Phone                           | Email  | Fax                                       |                     |
| Name                            |  |   |                     |
|                                 |  | ſ   |                     |
| Street Address                  | City   | State/Province                            | Zip/Postal Code     |
|                                 | [  |   |                     |
| Phone                           | Email  | Fax                                       |                     |
| Name                            |  |   |                     |
|                                 |  |   |                     |
| Street Address                  | City   | State/Province                            | Zip/Postal Code     |
|                                 |  |   |                     |
| Phone                           | Email  | Fax                                       |                     |
| <br>Name                        |  |   |                     |
|                                 | I  | I   |                     |
| Street Address                  | City   | State/Province                            | Zip/Postal Code     |
| Phone                           | Email  | Fax                                       |                     |
| due and incurred in conjunction | <b>GUARANTEE:</b> tension of credit to the above named applicant, on with this account to be paid within the terms tice thereof and consent to any modification of | Gemini has set forth. Applicant does here | eby waive notice of |
| Signature                       |  | Date                                      |                     |

ESTIMATED MONTHLY CREDIT REQUIREMENTS? \$\_\_\_\_\_ MONTHLY REQUIREMENTS OVER \$10,000 REQUIRE A COMPANY FINANCIAL STATEMENT. (Tax exemption certificate required for CA, IA, MN, NV, TX , VA and WA)