



103 Mensing Way • Cannon Falls, MN 55009
PH 800-538-8377 • FX 800-421-1256 • creditapp@geminisignproducts.com

CREDIT APPLICATION

Application Date

COMPANY INFORMATION

Company Name

Billing Street Address

City

State/Province

Zip/Postal Code

Country

Main Phone

Main Fax

Accounts Payable Contact

Email

Direct Phone

Direct Fax

TERMS: NET 10, PAYABLE 30 DAYS (50% down payment may be required on orders over \$1,000, as stated in the catalog.) Applicants signature accepts financial responsibility to pay all invoices in compliance with our credit terms. No other terms apply unless agreed to in writing. Customers with established Gemini credit are expected to pay net within terms or account may be changed to C.O.D. or prepaid.

LATE CHARGES Applicant agrees to pay late charges at a rate of 1-1/2% per month on any balance not paid within terms.

LEGAL AND COLLECTION FEES Applicant agrees to pay all collection expenses including reasonable attorneys fees if the need should arise.

PAST DUE INVOICES Will cause delays in shipments.

Please allow 1-2 weeks to complete processing. Your order will be processed C.O.D. or with current terms until your credit is approved.

I hereby certify that all the information submitted is correct. I authorize Gemini to obtain a personal credit report. I understand the credit terms and do hereby authorize the listed bank and references to release credit information to Gemini.

Name

Signature

BANK INFORMATION

Bank Name

Bank Phone

Street Address

City

State/Province

Zip/Postal Code

Bank Contact Person

Bank Account Number

OWNERSHIP INFORMATION

Owners Name

Social Security # (US Only)

Home Street Address

City

State/Province

Zip/Postal Code

Home/Cell Phone

Home Email

Officer Name

Title

State Incorporation

Federal ID# (US Only)

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

CREDIT REFERENCES: (These will be checked by FAX or mail. Information must be complete & legible. Type or print, please)

Name

_____|_____|_____|_____
Street Address City State/Province Zip/Postal Code

_____|_____|_____
Phone Email Fax

Name

_____|_____|_____|_____
Street Address City State/Province Zip/Postal Code

_____|_____|_____
Phone Email Fax

Name

_____|_____|_____|_____
Street Address City State/Province Zip/Postal Code

_____|_____|_____
Phone Email Fax

Name

_____|_____|_____|_____
Street Address City State/Province Zip/Postal Code

_____|_____|_____
Phone Email Fax

INDIVIDUAL PERSONAL GUARANTEE:

For and in consideration of extension of credit to the above named applicant, the applicant does individually guarantee payment of all amounts due and incurred in conjunction with this account to be paid within the terms Gemini has set forth. Applicant does hereby waive notice of default, non-payment, and notice thereof and consent to any modification of the credit agreement hereby guaranteed.

_____|_____
Signature Date