



103 Mensing Way • Cannon Falls, MN 55009
PH 877-702-5559 • creditapp@geminimade.com

CREDIT APPLICATION

Application Date

COMPANY INFORMATION

Company Name			Company Established Date
Billing Street Address			City
State/Province	Zip/Postal Code	Country	Main Phone
Accounts Payable Contact		Email	Direct Phone

TERMS: NET 30, PAYABLE IN 30 DAYS (50% down payment may be required on orders over credit limit.) 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 credit card 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 using credit card 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
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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? \$ _____
(Tax exemption certificate required for CA, IA, MN, NV, TX and VA)

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

Name			
Street Address	City	State/Province	Zip/Postal Code
Phone	Email		

Name			
Street Address	City	State/Province	Zip/Postal Code
Phone	Email		

Name			
Street Address	City	State/Province	Zip/Postal Code
Phone	Email		

Name			
Street Address	City	State/Province	Zip/Postal Code
Phone	Email		

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