

# APPLICATION FOR CREDIT



For fastest service, you should fax this form to the number below. You may also mail a copy to us for review.

## Customer Information

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Co. Name: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Type of Bus.: \_\_\_\_\_ Date Est.: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Fed. ID Nbr.: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ A/P Manager: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

1  Sole Proprietorship    2  General Partnership    3  Corporation

Note: If non-checked #1 or #2 above, please fill in the following:

Name of Principals	Residential Street Address	City/State/ZIP	Social Security Number
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Tax Status:     Taxable     Resale    DUNS# \_\_\_\_\_

Note: If non-taxable, please provide a signed resale certificate.

## Estimated annual purchases from General Treatment Products, Inc.:

Under \$1000     \$1000-\$2500     \$2500-\$5000     \$5000-\$10000     \$10000-\$25000     \$25000 or more

How did you hear about General Treatment Products, Inc.:

"Mail Call" Mailer     Internet     Referral     Yellow Pages     Other:

Primary Account Users: \_\_\_\_\_

SIC Code: \_\_\_\_\_ Or description of business: \_\_\_\_\_

## Trade References:

Name	City/State	ZIP	Phone:
1 _____	_____	_____	_____
Account Number: _____			FAX: _____
2 _____	_____	_____	Phone: _____
Account Number: _____			FAX: _____
3 _____	_____	_____	Phone: _____
Account Number: _____			FAX: _____

## Bank References:

Name	City/State	ZIP	Phone:
1 _____	_____	_____	_____
Account Number: _____			FAX: _____
Type of Account: _____			

## Sign and submit

Terms of sales are Net 30 Days. I hereby declare that the above information is correct and provided for the sole purpose of obtaining credit and is warranted to be true. We also authorize release of credit information to General Treatment Products on references listed above.

Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____

**P.O. Box 8697, Brea, CA 92822-5697 ♦ Phone 714) 257-9165**  
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