



www.GSW-USA.com

An International Manufacturing Distributor - Restaurant Equipment & Supplies

4177 Rowland Ave #B

El Monte, CA 91731

Tel: 626-291-5599, 800-897-5999

Fax: 626-286-0166

Email: account@gsw-usa.com

Confidential Credit Application

Fax Cover Sheet

Instruction:

For better readability, **please type your contents using computers into the PDF forms.**
Then print, sign and fax them to GSW.

Attention: GSW Account Credit Department

➔ Please handle as company's most confidential material!

From

Company: _____

Tel: _____ Fax: _____

Total Pages: _____ (including this cover sheet)

Contents Check List:

Credit Application Form

Payment Agreement & Personal Guaranty

Bank Account Credit Verification Form

2nd Bank Account Credit Verification Form (if necessary)

Copy of State Resale Permit (if applicable)

Others: _____

Comment:



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Confidential Credit Application

Customer warrants that the following information is accurate and complete: (Attach additional sheets as needed)

Business Information * Please complete all * GSW Sales Rep: Date:

Business Name: Corp / LLC ID:

DBA: Federal Tax ID/SSN:

Legal Name of Principals: Resale Permit #:

Billing Address: Shipping Address:

Tel: Fax: Email: Web Site:

Account Payable Contact Person: Person to Authorize Order:

In Business since: As a Corporation LLC Partnership Sole Proprietorship

Number of Employees: Estimated Annual Sales: US\$ Credit Limit Desired: US\$ Term: days

Finance References (Bank / Lease) * Complete the Bank Account Credit Verification is required, see next pages *

Bank Name: Account #: Tel:

Bank Name: Account #: Tel:

Trade References (List 3 major suppliers of your annual purchases)

Supplier: Address:

Tel: Fax:

Supplier: Address:

Tel: Fax:

Supplier: Address:

Tel: Fax:

Officer / Owner Information

Full Name: Title:

Home Address: Tel: SSN:

Driver Lic.#: State:

Full Name: Title:

Home Address: Tel: SSN:

Driver Lic.#: State:

Authorization (Must be signed)

By my signature, I hereby authorize and give permission to GSW to run a full investigation of our credit history, including, but not limited to obtaining a consumer credit report. I also authorize GSW to contact the listed references and hereby give permission to those references to release information about our credit experience with them.

***** IN THE EVENT ALL TRANSACTIONS ARE SUBJECT TO COLLECTION, IT WILL BE SUBJECT TO CALIFORNIA JURISDICTION. *****

***** All transactions are subject to UCC1 filing, the governing law shall be the State of California. *****

Printed Name: Title:

Signature: Date:

GSW Credit Department Only

Approved / Rejected by: Reasons:

Approved Credit Limit: \$ Terms: Date: Account #:



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PAYMENT AGREEMENT

We agree to pay all bills within the stated term of sales. We agree to pay a service charge of \$25.00 for any checks returned from our bank unpaid for any reason.

We agree not to transfer or assign this agreement without the prior written consent of GSW. We agree to give written notice to GSW prior to the sale or transfer of all or substantially all of the stocks or assets of our business; if we fail to do so, we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business.

We also agree that all shipments are to be paid by COD or cashier's check until credit approval. All 30 days past due invoice are subject to a 10% late fee charge from unpaid invoice amount.

Company Name:
Printed Name: Title:
Signature: Date:

INDIVIDUAL PERSONAL GUARANTY

I, the undersigned, for and in consideration of your extending credit to the business entity identified in the above terms agreement as the "Purchaser", personally guarantee prompt payment of any obligation of the Company to GSW (including, but not limited to, all interest and charges), whether now existing or hereinafter incurred, and I further agree to bind myself to pay on demand any sum which is due by the Company to GSW whenever the Company fails to pay the same. It is understood that this guaranty shall be an absolute, continuing and irrevocable guaranty for such indebtedness of the Company.

I expressly waive presentment, demand, protest, notice of protest, dishonor, diligence, notice of default or nonpayment, notice of acceptance of this guaranty, notice of the extending of any guaranteed indebtedness already or hereafter contracted for by the Company, notice of any modification or renewal of any credit agreement evidencing the indebtedness hereby guaranteed and to all renewals or extensions of such indebtedness. I further waive any right to require GSW to proceed against, or make any effort at collection of the guaranteed indebtedness from, the Company or any other party liable for such indebtedness.

If the guaranteed indebtedness is not paid by me when due, and this guaranty is placed in the hands of an attorney for collection, or suit is brought hereon, or it is enforced through any judicial proceeding what's over, I shall pay all reasonable attorney fees and court costs incurred by GSW.

In the event more than one party executes this guaranty as guarantor, then each guarantor agrees to be jointly a severally liable for the guaranteed indebtedness, and, in all instances herein, the singular shall be construed to include in plural.

Guarantor Name: Title:
Signature: Date:
Home Address: SSN:
Driver License #:
Witness Signature: Witness Name:

Please place the Guarantor's Driver License / ID here to copy.





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BANK ACCOUNT CREDIT VERIFICATION

TO PROCESS CREDIT APPLICATION PROMPTLY, CUSTOMER MUST PROVIDE BANKING INFORMATION:

1. TO BE COMPLETED BY THE APPLICANT:

BANK NAME: TEL:
BANK OFFICER: FAX:
BANK ADDRESS: ACCOUNT #1:
ACCOUNT #2:
APPLICANT'S COMPANY NAME:
ACCOUNT HOLDER NAME:
COMPANY ADDRESS: TEL:
FAX:

WE HEREBY AUTHORIZE THE ABOVE MENTIONED BANK TO RELEASE FINANCIAL INFORMATION IN ORDER TO ESTABLISH CREDIT TERM WITH GSW.

APPROVED BY (*WHOM IS THE BANK AUTHORIZED PERSON)

PRINTED NAME: TITLE:
SIGNATURE: DATE:

2. TO BE COMPLETED BY THE BANK:

THE COMPANY LISTED ABOVE WOULD LIKE TO ESTABLISH CREDIT TERM WITH GSW. WE WOULD APPRECIATE YOUR FURNISHING US WITH YOUR EXPERIENCE. ALL INFORMATION WILL BE HELD IN A STRICT CONFIDENCE. PLEASE COMPLETE WHERE APPLICABLE AND FAX THE COPY TO GSW CREDIT DEPARTMENT AT 626-286-0166. THANKS FOR YOUR VALUABLE INFORMATION.

DATE TO OPEN ACCOUNT: EQUITY LINE LIMIT: US\$
ACCOUNT #1 BALANCE: US\$ FUND AVAILABLE: US\$
ACCOUNT #2 BALANCE: US\$ NSF CHECK:
ADDITIONAL COMMENTS:

COMPLETED BY BANK OFFICER

PRINTED NAME: TITLE:
SIGNATURE: DATE:



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