



GRAM-BEL INTERNATIONAL INC

500 S Good Latimer
Dallas TX 75226,USA
creditinfo@gram-bel.com
www.gram-bel.com/en

CREDIT APPLICATION

Date: _____ Folio: _____
Name of Business: _____ Phone No: _____
Street: _____ Fax No: _____
City/State: _____ Zip Code: _____
Date Business Established: _____
Federal ID#: _____
Resale Tax #: _____ (please provide copy of Certificate)
Email to send invoices _____

Ownership: Name of Owner/Officer Title
 Corporation _____
 Partnership _____
 Individual _____

Building is: Owned Leased Rented
Location is: Downtown Rural Residence
Check Box if: You have ever declared bankruptcy. Have you worked with Atradius
 A company you have had ownership in; has ever declared bankruptcy
 You have any pending lawsuits against you or your company.

Accounts Payable Manager: _____ Accounts Payable Contact: _____
Amount of Credit Requested: \$ _____ Days of credit requested: _____
Bank Name: _____ Branch: _____
Street: _____ City/State: _____ Zip: _____
Phone: _____ Bank Contact: _____
Name in which applicant carries bank account _____ Account No.: _____

Name products you will like to purchase _____

TRADE REFERENCE

1.-Name _____
 Street _____
 City/State _____
 Zip _____
 Traded since _____ Days of credit _____
 Amount of credit requested _____
 Phone _____ Fax _____

3.-Name _____
 Street _____
 City/State _____
 Zip _____
 Traded since _____ Days of credit _____
 Amount of credit requested _____
 Phone _____ Fax _____

2.-Name _____
 Street _____
 City/State _____
 Zip _____
 Traded since _____ Days of credit _____
 Amount of credit requested _____
 Phone _____ Fax _____

4.-Name _____
 Street _____
 City/State _____
 Zip _____
 Traded since _____ Days of credit _____
 Amount of credit requested _____
 Phone _____ Fax _____

NOTE: In some cases, the first 3 purchases will be required in COD.

Informational Release Waiver

(Must be signed in order to process application)

I, _____, _____ of _____
 (Name) (Title) (Company Name)
 authorize the release of all pertinent credit data to Gram-bel International Inc. for the purpose of establishing a credit relationship between _____ and Gram-bel International Inc.
 (Company Name)

The information supplied in this application is to the best of my knowledge true. The undersigned agrees to pay for all purchases in accordance with the terms of sale set forth by the company, and further agrees not to attempt to change these terms by use of Purchase Orders, Vendor Agreements or other documents, without the prior written approval of the Gram-bel International Inc. Credit Department. In addition, the undersigned agrees to pay for all costs associated with the collection of any indebtedness, including reasonable attorney fees, should the undersigned become unable to pay for purchases when due. The undersigned further agrees to pay late fees equal to 1½% per month (18% per annum) on any past due amount. It is also understood that all information supplied will be held in strict confidence and will be for Gram-bel International Inc Credit Department use only.

Signed: _____ Date: _____
 (Officer of the Company) (Month/Day/Year)

FOR OFFICE USE ONLY			
	Payment Terms/Credit Limit Amount	Signature	Date
Sales Suggests:			
Credit Manager Suggests:			
Payment Term approved:			

Information contained within this application is strictly confidential, and for the exclusive use of Gram-bel International Inc. Under no circumstance will any information be released without prior written authorization from the applicant.