

205 South Flower Street  
Burbank, CA 91502  
USA  
**T** 818.840.9484  
**F** 818.840.9485  
carolyn@gilderfluke.com  
[www.gilderfluke.com](http://www.gilderfluke.com)

# Credit Application: Page 1 of 4

## GETTING STARTED

Complete the following information if you are interested in establishing Net 30 terms with Gilderfluke & Co. You will also need to attach one copy of your seller's permit and a copy of your resale certificate with this credit application packet. All applications for credit accounts are subject for review and approval by Gilderfluke & Co., Inc. Returning this Credit Application Packet does not constitute nor imply acceptance of any type of account with Gilderfluke & Co. All information submitted to Gilderfluke & Co. Inc. will be kept confidential.

Whether you are approved or denied, you will be notified via email. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for granting account terms. The undersigned warrants that the information is true and correct. Gilderfluke & Co. is authorized to investigate the credit references listed below. Gilderfluke & Co. reserves the sole right in granting, denying account applications and changing its pricing structure.

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**SIGNATURE**

**TITLE**

---

**PRINT NAME**

**DATE**

---

You may **fax** the completed credit application packet to: 818.840.9485, Attention: Accounts Receivables.

OR

You may **mail** the credit application to:

Attention: Accounts Receivables

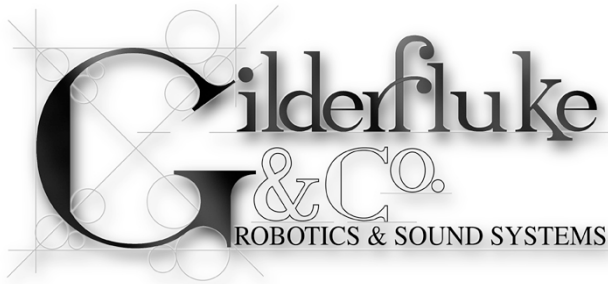
GILDERFLUKE & CO., INC .

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A completed credit application packet should include: 1) credit application; 2) bank credit inquiry; and the credit card guarantee form.



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# Credit Application: Page 2 of 4

**COMPANY INFORMATION**

|                                    |                     |
|------------------------------------|---------------------|
| Company Name                       | Company Name        |
| Billing Address                    | Shipping Address    |
|                                    |                     |
| Telephone number                   | Telephone number    |
| Fax number                         | Fax Number          |
| Accounts Payable (AP) Contact Name |                     |
| AP Email address                   | AP Telephone Number |

**BUSINESS TYPE:**  
 Individual   
 Corporation\*   
 Partnership   
 Proprietorship   
 Other \_\_\_\_\_

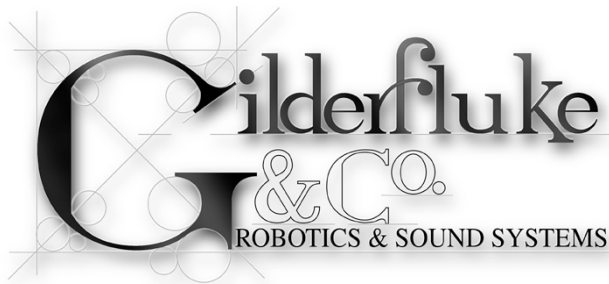
\* If Corporation, date of incorporation \_\_\_\_\_ State of incorporation \_\_\_\_\_

Federal ID # \_\_\_\_\_ Business since: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Type of Business \_\_\_\_\_

**NAME AND ADDRESS OF OWNERS (S):** **Owner(s) MUST sign application**

|    |                        |
|----|------------------------|
| 1. | Title                  |
|    | Social Security Number |
|    | Home Telephone Number  |
|    |                        |
| 2. | Title                  |
|    | Social Security Number |
|    | Home Telephone Number  |



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# Credit Application: Page 3 of 4

## **BANK REFERENCE:**

Name of Financial Institution

---

Address

---

City/State/Zip

---

Account number

Type of Account

---

Account number

Type of Account

---

Contact Name (Bank Officer)

---

Telephone Number

Fax

Email address

---

## **TRADE REFERENCES:**

1. Company Name

Account #

---

Address

Telephone

---

City/State/Postal Code

Fax

---

2. Company Name

Account #

---

Address

Telephone

---

City/State/Postal Code

Fax

---

3. Company Name

Account #

---

Address

Telephone

---

City/State/Postal Code

Fax

---

4. Company Name

Account #

---

Address

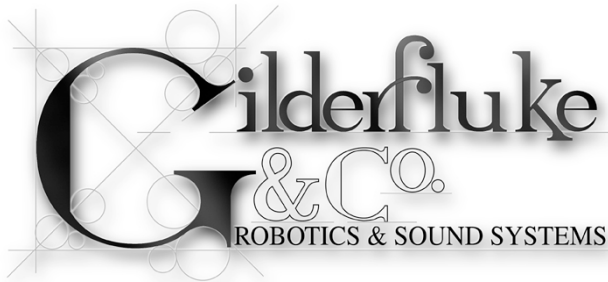
Telephone

---

City/State/Zip

Fax

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# Credit Application: Page 4 of 4

Is merchandise you will be purchasing from Gilderfluke & Co. for resale?  No  Yes

If Yes, please attach copy of your resale certificate and seller's permit.

Have you or members of your company ever purchased equipment from Gilderfluke & Co. Inc. under another company?

No  Yes If Yes, please list company name(s):

---

THE UNDERSIGNED, BY EXECUTION OF THIS CREDIT APPLICATION, AGREES THAT IT SHALL PAY ALL OUTSTANDING BALANCES WITHIN NET 30 TERMS AS AGREED BETWEEN BOTH PARTIES. IN THE EVENT THAT THIS ACCOUNT IS OVER 45 DAYS, GILDERFLUKE & CO., INC. HAS AUTHORIZATION TO CHARGE THE CUSTOMER'S CREDIT CARD ON FILE. IN THE EVENT THAT THE CREDIT CARD IS DECLINED AND THE ACCOUNT IS OVER 60 DAYS, GILDERFLUKE & CO., INC. WILL SUSPEND THE CUSTOMER'S NET TERMS, HOLD ANY CURRENT ORDERS AND REFER THE ACCOUNT TO COLLECTIONS AND/OR AN ATTORNEY, TO WHICH THE CUSTOMER AGREES TO PAY ALL OUTSTANDING BALANCES, FINANCE CHARGES AND COLLECTION AND/OR ATTORNEY FEES.

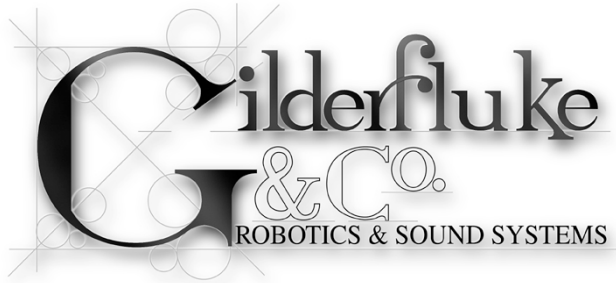
**GUARANTOR:**

SIGNATURE \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR GILDERFLUKE & CO. USE ONLY**

|                        |             |
|------------------------|-------------|
| Credit Line requested: | D&B rating: |
| Date Received:         | Approved:   |



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# Bank Credit Inquiry

---

Name of Financial Institution:

---

Address of Financial Institution:

---

Telephone number:

Fax:

Email address:

---

Contact Name:

---

Account number

Type of Account:

---

Account number

Type of Account:

---

Account number

Type of Account:

---

I hereby authorize my bank \_\_\_\_\_ to release credit-related information on the aforementioned account numbers to GILDERFLUKE & CO., INC.. All information provided will remain strictly confidential.

---

Authorized signature

Date

---

Print Name

Position in Company

---

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## TO BE COMPLETED BY FINANCIAL INSTITUTION

---

Date account(s) opened:

Average balance:

---

Completed by:

Date completed:

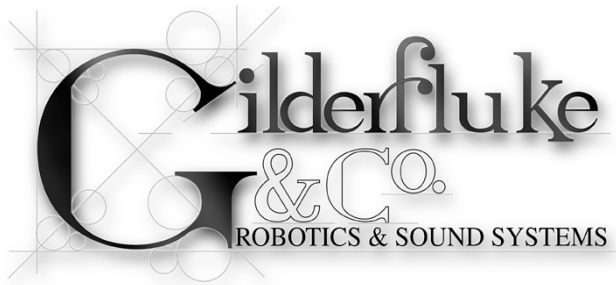
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Additional comments:

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**Please fax form back to 818.840.9485, attention Carolyn Rowley.**

**Thank you for your assistance.**



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## Credit Card Guarantee

In order to open a Net 30 account with Gilderfluke & Co., you will need to complete, sign and return the enclosed Credit Application, Bank Credit Inquiry form, and the Credit Card Guarantee form. You may fax (818.840.9485) or mail the packet to the attention of Accounts Receivables • GILDERFLUKE & CO., INC. • 205 South Flower Street • Burbank, CA 91502 • USA

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Card Holder's Name:

---

Company Name (if applicable):

---

Card Type (visa, mastercard, american express, etc.):

---

Card Number:

---

Card Expiration Date:

---

Verification number (on back of card):

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It is our understanding that if any invoice(s) with terms of Net 30 days become past due, the invoice(s) will be paid in full by the above credit card.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_