Credit Application

4668 Breezyview Drive, Columbia, PA 17512
Ph: 717-684-2228 | AR@goodtechnikgroup.com

Business Profile

Legal Company Name	
DBA (if applicable)	
Physical Address	
Mailing/Billing Address (if different)	
Phone #:	Fax #:
Email:	Website:
Federal Tax ID (EIN):	Years in Business:
Entity Type:	Corp Partnership LLC Sole Prop

Accounts Payable & Invoicing

A/P Contact Name:	A/P Phone:
Invoicing Email	
Monthly Statements Email	
Tax Exempt?	Yes (Attach PA Exemption Form) No
Amount of Credit Requested	$

Payment Preferences

Primary Banking Institution:	
Preferred Payment Method	ACH/EFT Check Credit Card Other

Trade References for Credit History *Please provide (3) references for credit history.

	Reference #1	Reference #2	Reference #3
Company / Name			
Phone			
Fax			
Email			
Address			

Terms and Conditions

Payment Terms: Standard terms are Net 30 days from the date of invoice. A finance charge of 1.5% per month (18% per annum) will be applied to all balances outstanding over 30 days.

Authorization: The Applicant hereby authorizes Good Technik Group and its affiliates to conduct a credit investigation and to contact the references provided above. Applicant further authorizes its bank and trade references to release information regarding Applicant's account(s) to Good Technik Group. The Applicant agrees to pay all costs of collection, including reasonable attorney fees and court costs, should it become necessary to refer this account for collection.

Authorization

_____ _____

Authorized Signature **Date**

_____

Printed Name & Title