

Gaging.com

Account Application

Gaging.com 5016 Tropical Cliff Ave.
Las Vegas, NV 89130 (P) 702.456.2264

Please complete both pages and email to sales@gaging.com or fax to 702.974.0511

General Information:
Business Name
Years in business
Ownership
Business type
Tax ID number
D&B number
Billing address:
Address1
Address2
City
State
Zip
Shipping address:
Address1
Address2
City
State
Zip
Contact information:
Telephone number
Fax number
Email Address
Web address
Contact name
Bank information:
Bank name
Account number
Fax number
Other information:
Verbal orders acceptable?
List of authorized buyers:
1)
2)
3)
4)
5)

Business references:

1) Business name

Address

Phone number

Fax number

2) Business name

Address

Phone number

Fax number

3) Business name

Address

Phone number

Fax number

Our Terms:

Payments must be made within 30 days of the date on our invoice. Accounts that are not kept current will be placed on COD. Returned checks are subject to a \$25.00 charge. We reserve the right to refuse orders from anyone we choose to.

I (we) understand that the information furnished to you on this credit application is for the purpose of obtaining credit from your firm, that I am (we are) authorized in this capacity, to bind my (our) firm accordingly. I (we) the undersigned, herein call guarantors, do jointly and severally, unconditionally guarantee and promise to be held personally liable for all indebtedness accrued under this continuing agreement. That all accounts or monies due you shall be due and payable at your place of business.

I hereby certify that the credit applicant is financially solvent and not delinquent in the payment of its obligations and it can and will pay you on a timely basis. Furthermore, the financial statements given to you are accurate.

I acknowledge and agree that interest at a rate of 1.5% per month will be charged on all balances remaining unpaid after 30 days from the date said amounts are incurred. In the event of default and referral to an attorney or collection agency I (we) agree to pay all costs of collection including reasonable attorney fees.

Authorization:

I understand that all information hereby given for the purpose of obtaining credit is accurate. I certify that after diligent inquiry all information is complete and accurate as of the date of this application.

Date:	
Title:	
Print name:	
Signature: (Must be an officer of the company)	