



Credit Application

To expedite the credit approval process, this form must be completed in full and signed. All information is kept confidential.

We hereby apply for credit with Gemsen america, Inc., and submit the following statements to be true & accurate.

Company Name:	DBA (If Any):
Contact Person:	Email Address:
Address (Bill to):	
City:	State/Zip:
Phone:	Fax:
Address (Ship To):	Store Contact:
City:	State/Zip:
Phone:	Fax:

Type of business:	In business since:	Years at this address:
Business entity: Sole Proprietorship () Partnership () Corporation ()		
If incorporated, in what state:	Date of incorporation:	Number of locations:
Resale #:	Fed Tax ID #:	

Proprietor, Partners, or Officers

Name:	Title:	SSN:	Phone:
Address:	City:	State/Zip:	
Name:	Title:	SSN:	Phone:
Address:	City:	State/Zip:	
Name:	Title:	SSN:	Phone:
Address:	City:	State/Zip:	

Requested terms: COD () Company Check () Net 30 () Other ()	
Bank Name:	Account#:
Address:	City: State/Zip:
Contact:	Phone:

Credit References

Company Name:	City/State:	Phone#:	Fax:
1:			
2:			
3:			
4:			
5:			

Personal Guarantee

I certify to the truth of my statements above and authorize Gemsen America to obtain bank & credit information in connection with this application. I am will also be responsible for updating any company changes to Gemsen America within seven days of such changes. I further agree that should my account fall into arrears, Gemsen America is entitled to withdraw credit privileges at its own discretion. Any NSF checks will be charged a minimum service charge of \$25 per occurrence. I will be responsible for all fees & costs, attorney or otherwise, incurred by Gemsen America to collect all amounts due, regardless whether a lawsuit is filed or not. Furthermore, in the event of a dispute regarding any invoice or product, the parties shall be subject to jurisdiction to the courts of Florida, regardless of their residence or principal place of business. Lastly, all goods shall remain the property of Gemsen America until paid for in full. I have read & agree to all the terms & conditions of this application.

Name of Guarantor/Owner/Officer (Please Print):	Title:
Signature:	Date:



Credit Card Authorization Form

I, _____, hereby authorize Gemsen America to charge my credit card for all purchases made by myself or my business, _____.

Please check one:

1. Please call for verbal authorization before each order is processed.	_____
2. No further authorization is required. This letter to be used as a blanket authorization for all purchases .	_____

Note: For customers choosing option 1, a signature will be required for transactions over \$3000.

Cardholder Name:
Type of Card:
Card Number:
Expiration:
Security Code:

Card Billing Street Address:
City: _____ State: _____ Zip: _____
Country:
Telephone Number: _____ Fax Number: _____

Shipping Address (If different):
City: _____ State: _____ Zip: _____
Country:
Telephone Number: _____ Fax Number: _____

Cardholder Signature:
Date:



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Please fax this form back to 954-428-6902