

G R MITCHELL, INC.
14 BEAVER VALLEY PIKE
WILLOW STREET, PA 17584
(717) 464-2999 * FAX (717) 464-4760

APPLICATION FOR CREDIT

BUSINESS ACCOUNT

ANTICIPATED MONTHLY PURCHASES: _____

DATE: _____ SALESMAN: _____

BUSINESS NAME: _____

PHONE: _____

ADDRESS: _____

FAX #: _____

CITY, STATE, ZIP: _____
(Include PO Box & Street Address)

TAX ID #: _____

FORM OF BUSINESS:

EMAIL ADDRESS: _____

PROPRIETORSHIP
CORPORATION

PARTNERSHIP
OTHER

A/P EMAIL ADDRESS: _____
(For Invoices & Statements)

YEAR BUSINESS ESTABLISHED: _____

NATURE OF BUSINESS: _____

OWNERS OR OFFICERS:	PAYABLES AND PURCHASING:
NAME: _____	A/P CONTACT: _____
POSITION _____ SSN: _____	POSITION: _____
NAME: _____	ARE PURCHASE ORDERS REQUIRED? _____
POSITION _____ SSN: _____	LIST INDIVIDUALS AUTHORIZED TO CHARGE:
NAME: _____	
POSITION _____ SSN: _____	

******PLEASE COMPLETE TRADE AND BANK REFERENCES ON REVERSE SIDE OF THIS APPLICATION******

Authorization:

I, (We) authorize the above listed trade and bank references to release, upon verbal or written request, by G.R. Mitchell, Inc. such information requested to open accounts, notes, mortgages, construction loans, and average deposit balances pertinent to the granting of credit by this application.

Agreement:

I (We) agree to pay G.R. Mitchell, Inc. in addition to amounts due for materials and services rendered, an overdue assessment charge not to exceed 1.5 % per month on any past due balance.

I (We) further agree, in the event any balance, past due or contested, is placed in the hands of an attorney for collection, to guarantee payment of reasonable attorney's fees and costs incurred by G.R. Mitchell, Inc. or its attorney, in the collection of such balance, provided G.R. Mitchell, Inc. prevails.

Applicant: _____

Date _____

Print Name: _____

Applicant: _____

Date _____

Print Name: _____

Guarantee:

The undersigned individually and personally, jointly and severally, in order to induce G.R. Mitchell, Inc. to extend credit to the above named applicant(s) agrees to endorse and to guarantee to pay on demand any sums due G.R. Mitchell, Inc. by the above named applicant(s) . G.R. Mitchell, Inc. reserves the right to proceed directly against the named guarantor without having to proceed first against the above named applicant(s) or to liquidate any security given by said applicant(s).

Guarantor: _____

Date _____

Print Name _____

Guarantor: _____

Date _____

Print Name _____

*****PLEASE NOTE THE ABOVE AGREEMENT & GUARANTEE MUST BE SIGNED BEFORE WE CAN PROCESS YOUR APPLICATION*****

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BUSINESS NAME: _____

TRADE REFERENCES:
YOU MUST GIVE AT LEAST THREE REFERENCES, PLEASE GIVE COMPLETE ADDRESSES, PHONE, FAX & EMAIL.

NAME: _____	PHONE #: _____
ADDRESS: _____	FAX #: _____
_____	EMAIL _____
NAME: _____	PHONE #: _____
ADDRESS: _____	FAX #: _____
_____	EMAIL _____
NAME: _____	PHONE #: _____
ADDRESS: _____	FAX #: _____
_____	EMAIL _____

BANK REFERENCES:

NAME: _____	ACCT #: _____
CONTACT: _____	PHONE #: _____
ADDRESS: _____	FAX # _____

EMAIL ADDRESS _____	
NAME: _____	ACCT #: _____
CONTACT: _____	PHONE#: _____
ADDRESS: _____	FAX # _____

EMAIL ADDRESS _____	

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APPLICATION FOR CREDIT
BUSINESS ACCOUNT

I hereby authorize my bank to release information pertaining to my account to G.R. Mitchell, Inc. for the purpose of establishing a charge account.

Bank Name: _____

Address: _____

Checking Account # : _____

Savings Account # : _____

Signature: _____ Date: _____

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