

# Gattuso Distibuting

1576 Wald Road  
New Barunfels, TX. 78132

PHONE 830-620-1618  
FAX 830-620-1642

Legal Business Name: \_\_\_\_\_ D.B.A : \_\_\_\_\_

Contact: \_\_\_\_\_ Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Website: \_\_\_\_\_

Number Of Years In Business: \_\_\_\_\_ Have You Ever Filed For Bankruptcy? \_\_\_\_\_

NAMED BANK IS AUTHORIZED TO RELEASE INFORMATION REGARDING CREDIT APPLICATION BANK REFERENCE – BUSINESS CHECKING ACCOUNT MUST BE OPEN AT LEAST SIX MONTHS TO BE ELIGIBLE FOR CREDIT TERMS.

PAIMARY BANK: \_\_\_\_\_ PHONE # : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

## TRADE REFERENCES:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ACCT# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ACCT# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ACCT# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ACCT# \_\_\_\_\_

ARE PRODUCTS PURCHASED FOR RESALE? \_\_\_\_\_ YES \_\_\_\_\_ NO

In consideration for credit being extended, I/We acknowledge and agree to the following : (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date merchandise delivery. (2) Any charges unpaid after 30 days are to be increased by 1 ½ % per month. (3) Any charges still outstanding after 90 days from date of delivery are subject to collection and all collection of arbitration expenses, attorney's fees, and court costs will be borne by the purchaser. (4) Titles to all work shall remain with the creditor until all invoices and additional charges have been paid in full. (5) All Claims, requests for adjustment, or notification of errors must be made within thirty days or charges are considered accepted. (6) This agreement shall apply to all current and future charges unless revocation is received by registered mail. (7) Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

STATE RESALE TAX# \_\_\_\_\_ STATE \_\_\_\_\_

**CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND RETURNED & VERIFIED**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DATE

