



GVH Distribution

GVH Family of Companies

Gage Van Horn | Miller Paper & Packaging | Blaine Industrial Supply | Oaks Distributing Supply | Corley Paper & Packaging

New Customer Information Sheet

BUSINESS CONTACT INFORMATION			
All sections of this form must be completed. Email completed forms to accounts@gvhdistribution.com			
Business Name:	Phone:	Contact:	
Shipping Address:	City:	State:	Zip:
Billing Address (If Different)	City:	State:	Zip:
Resale: <input type="checkbox"/> Yes (Include signed form) <input type="checkbox"/> No	Federal ID or SSN:	Purchase Order Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:	Email Invoices: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Officer:	Title:	Sales representative:	
A/P Contact:	A/P Phone:	A/P Email:	
Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	Date Established:	Statement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PAYMENT GUARANTEE			
A valid credit card number is required for all applications, for verification of credit card status, your first order may be charged to your credit card. We reserve the right to use your credit/debit card for payment at any time that your account is past due if terms are offered.			
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex			
Credit Card Number:	Expiration Date:	V-Code (3 digit sec. Code):	
Credit Card Billing Address:	City:	State:	Zip:
Print Name:	Signature:		
*All new accounts are COD, Cash only, or credit card only until approved by management after reviewing the completed Credit Application.			
TRADE SUPPLIER REFERENCES:			
All sections of this form must be completed			
Company Name:	Phone:	Email:	
Address:	City:	State:	Zip:
Company Name:	Phone:	Email:	
Address:	City:	State:	Zip:
Company Name:	Phone:	Email:	
Address:	City:	State:	Zip:
BANK REFERENCE			
Financial Institution:	Officer/Contact:	Checking Account #:	
Address:	City:	State:	Zip:
Phone:	Email:		
CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY			
I hereby certify that all the information in the credit application is correct. The information included in this credit application is used for by GVH Family of Companies in determining the amount and conditions of the credit extended. All information obtained by GVH Family of Companies will be kept in the strictest confidence. I understand that GVH Family of Companies may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in the credit application to release the information to assist GVH Family of Companies in establishing a line of credit.			
I agree to pay for all goods and services within the agreed upon terms as appears on each invoice, and that the appropriate sales tax will be charged unless the undersigned submits a proper and complete tax exemption or resale certificate. If, as a result of non-payment, it should become necessary to collect outstanding balances by legal proceedings or otherwise, the undersigned agrees to pay all collection cost, finance charges of 1.5% per month (18% annum) which accrues from the date due, and all reasonable attorney fees.			
Note: Please allow 7-10 business days for processing. Email completed forms to accounts@gvhdistribution.com			
SIGNATURES			
Company Name:			
Print Name:	Signature:		
Title:	Date:		

For Internal Use Only			
Bill To #:	Ship to #:	Monthly Spend:	Date:
Branch:	Terms:	Credit Limit:	Approved By: