



Credit Application

Terms: ___ Net 15 days ___ Net 30 days ___ Credit card ___ COD/Cash on Delivery

Company Information

*Company Name: _____

*Contact Information: _____

*Accounts Payable Contact Name: _____ Tel: _____

*E-mail Accounts Payable: _____

*Bill To Address: _____

Ship To Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____

*Telephone Number: _____ *Fax Number: _____

*Federal Tax ID #: _____

*Resale Certificate #: _____ (please attach copy)

*Tax Exempt: Yes No (please attach copy)

Is your business exporting? _____ Type of Business: _____

Year Business established: _____

Have you ever filed bankruptcy? _____ When? _____



This business is a: Sole Ownership Partnership Corporation

*Guarantor Name/Owner: _____

*Social Security Number: _____

Authorized Buyers: _____

Do you require a Purchase Order number? Yes No

How did you hear about GUROMED USA? _____

Bank Reference:

*Institution Name: _____

*Account Number: _____ Savings Checking Loans

*Address: _____

*City: _____ State: _____ Zip: _____

*Phone: _____ Fax: _____

*Contact Person: _____

We support consumer reporting legislation that we assure fair and equitable treatment for all customers and user of credit information

*Fields are required to process this application - Illegible, incomplete or blank information will be returned to the requestor
Guromed USA is a SARMA member who currently reports to Experian Business Bureau.



***Trade References:**

Please only submit references with whom you have credit terms established

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

I/We hereby state that all information is correct and factual. I/We authorize Guromed USA to investigate my credit history and solicit information from my bank and trade references. This information is confidential. I agree to the terms and conditions. If I should default on my obligation I will be responsible for court cost and attorney fees.

Date: _____ Signature: _____

Title: _____

For this application to be processed it must be signed and dated. .

E-mailed forms may be sent to sales@guromedusa.com or fax to (210) 366-0095

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