



G.I.S. DISTRIBUTING

Post Office Box 24594 • Kansas City, Missouri 64131 • 1-800-345-9994 • 816-333-6494 • Fax 816-333-9232

Credit / Check Writing Application

The following information is required for accepting applicants company check or extending credit. All information will be kept strictly confidential.

PLEASE PRINT

Owner(s) Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____ Web Site: _____

Date of Birth: _____ Driver's License Number: _____

Type of Business: Sole Proprietor Partnership Corporation

List All Partners and / or Corporate Offices Below:

Name / Title	Address	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank References:

Bank Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trade References:

Name	Address	Fax Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's signature certifies that all information contained on this application to be true and correct to the best of his / her knowledge. G.I.S. Distributing is hereby authorized to conduct a credit check on above company. Furthermore, the above company agrees to be held liable for all debts to G.I.S. Distributing.

Name: _____ Title: _____ Date: _____

Web Site: <http://www.gisdistributing.com/> E-mail Address: giskc@aol.com