



CUSTOMER APPLICATION

550 Mamaroneck Avenue - Harrison - NY 10528
Phone (800) 345-3787 - Main Fax (914) 698-0848
Seed Fax (914) 698-2857 - Export Fax (914) 698-2840
Email: CustomerApp@FredGloeckner.com
Website: www.FredGloeckner.com

Credit Department Use Only

New Acct #:
Activation Date:
Req'd by:

Account information: New Account []

Update Account []

FCG FIELD REP: _____

• Business Name:

Owner(s) Name(s):

Mailing Address:

Street:

City:

State & ZIP #:

Business Phone:

Business Fax:

Email:

Residence Phone:

Cell Phone:

Number of Years in Business:

Years

Business is a ...

[] Proprietorship

[] L L C

[] Partnership

[] Corporation

• Shipping Instructions:

Closest Airport:

Delivery preferences:

Do not ship by:

(A) Credit Card: Ref's & Number are necessary for all new accounts prior to obtaining a Credit Line.

Credit Card#:

Fed Tax I.D. or S.S. #:

Expiration Date:

Resale Cert. #:

(Provide Copy)

Security Code:

Tax Exempt Cert. #:

(Provide Copy)

Billing Name on C/C:

Billing Address on C/C:

City:

Property is:

[] Owned

State & ZIP:

[] Leased

(B) Trade References

(Note: ONLY if Requesting Credit / Credit Refs are reviewed, once done then a Credit Line can be granted)

Company Name:

Contact Person:

City / State:

Phone #:

Fax #:

(1)

(2)

(3)

• Bank References

• Request for Credit - Amount: \$

(Subject to Approval)

Company Name:

City / State:

Phone #:

Fax #:

(1)

(2)

Checking Account # (1):

Checking Account # (2):

AUTHORIZATION to RELEASE INFORMATION & TERMS of SALE

(A copy of this form will be considered a bona fide authorization)

I hereby authorize our references and bank(s) to release any information necessary to assist in establishing a line of credit. Unless otherwise specified, our terms of sale are 2%-10 days, net 30; and, in accordance with the terms set forth by Fred C. Gloeckner & Co., Inc., I understand that a 1 1/2% per month (18% per year) finance charge may be added to all past due amounts and agree to pay when due. I certify that the above information is true and correct:

Date:

Print Name:

Signature:

Title:

**** YOU MUST SIGN AND RETURN THIS FORM TO RECEIVE CREDIT TERMS ****

**** PLEASE INCLUDE PROOF of PROPERTY/GENERAL LIABILITY INSURANCE ****