



BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Bill To Address:			
City:	State:	ZIP Code:	
AP Contact Name:			
Phone:	Fax:	Email:	
BUSINESS AND CREDIT INFORMATION			
Resale Number (please provide a copy of your state Resale Certificate):			
D&B Number:	Federal Tax Id:		
Request Line of Credit:			
BANK INFORMATION			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES			
Supplier Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Supplier Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Supplier Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
AGREEMENT			
1. All invoices are to be paid within the credit terms granted. 2. Claims arising from invoices must be made in accordance with our product warranty and return policy. 3. By submitting this application, you authorize GSI Technologies, LLC to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURE OF AUTHORIZED PERSON			
Name:		Date:	
Printed Name:		Title:	