



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:	Fed. Tax # (please provide a copy of your W-9):		
Request Line of Credit:	Please provide your Terms & Conditions		
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:	

GSI Technologies, LLC Contact Form

Company Name

Address

City, State, Zip Code

Telephone

Fax

Federal ID#

Accounts Payable Contact

Telephone #

Email Address

Preferred method of receiving invoices:

Email:

Fax:

Mail:

(please enter address if different than above)

Preferred method of Invoice payment:

Check

ACH/Wire Transfer - see below wire instructions

Credit Card - fill out attached credit card and return to
dsykes@gstech.com



Credit Card Payment Authorization Form

Please sign and complete this form to authorize GSI Technologies, LLC to charge your credit card listed below. By signing this form, an authorized officer gives GSI permission to debit the listed account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize GSI Technologies, LLC to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVS Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



BANK PAYMENT INFORMATION

BANK NAME: HARRIS BANK N.A.

BANK DEPOSIT ACCOUNT: 275-511-4

BANK ABA/ ROUTING # - 071000288

BANK SWIFT CODE: HATRUS44

COMPANY CONTACT INFORMATION:

Deirdre Sykes, Finance Manager

Phone: 630-590-8112

Fax: 630-325-8197

Email: dsykes@gsitech.com

BANK CONTACT INFORMATION:

James J. Hess, Senior Vice-President

111 West Monroe Street, 5W

Chicago, IL 60603

Phone – 312-461-5026

Fax – 312-293-5044

Email – james.hess@harrisbank.com