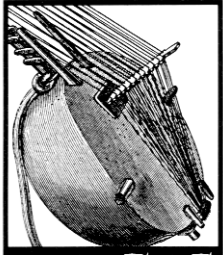


**GOURD**



**MUSIC**

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E-MAIL: neal@gourd.com • WEBSITE: www.gourd.com

## Application for Credit

Business Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact person(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

State Tax ID #: \_\_\_\_\_

Bank Name \_\_\_\_\_

Address: \_\_\_\_\_

Account # \_\_\_\_\_

Account Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

On the reverse side of this page, please list at least four credit references, including name, address, phone, fax, and your customer account number.

I (we) certify that the above information is true and correct, and that I (we) can and will comply with your terms of net 30 days from date of invoice. I (we) understand that failure to comply with these terms could result in losing credit privileges.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed