



REQUEST FOR OPEN ACCOUNT CREDIT TERMS

Please email your completed and signed request form to: amy.solov@gibbs-smith.com
or include this form with your mailed purchase order.

- A copy of your resale certificate **must** accompany your request for credit terms. •

Company Name (legal entity) _____

DBA (doing business as) _____

Business Address _____

City _____ State _____ Zip Code _____

Phone _____ Email (marketing) _____

Webiste _____ Instagram _____

Twitter _____ Facebook _____

Type of Business _____

Accounting Contact _____

Phone _____ Email (accounting) _____

Targeted monthly purchase volume \$ _____ Requested credit limit \$ _____

Please provide banking information for your main operating account

Bank name _____ Account Manager _____

Phone _____ Fax _____

Please provide contact information for at least three trade references

1. Company Name _____ Acct # _____

Contact _____ Phone _____

Email _____

2. Company Name _____ Acct # _____

Contact _____ Phone _____

Email _____

2. Company Name _____ Acct # _____

Contact _____ Phone _____

Email _____

US Freight Forwarder (Ship To)

Company Name _____

Ship To Address _____

City _____ State _____ Zip Code _____

Contact _____ Phone _____

Email _____