



APPLICATION FOR CREDIT

PRODUCT YOU WISH TO PURCHASE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE# _____ **FAX#** _____

ACCOUNTS PAYABLE CONTACT: _____

NATURE OF BUSINESS: _____

DATE INCORPORATED: _____ **FEDERAL ID #** _____

U.S. TRADE REFERENCES

1. **COMPANY NAME:** _____

ADDRESS: _____

PHONE # _____ **FAX#** _____

2. **COMPANY NAME:** _____

ADDRESS: _____

PHONE # _____ **FAX#** _____

3. **COMPANY NAME:** _____

ADDRESS: _____

PHONE # _____ **FAX#** _____

All amounts owed hereunder that are not paid when due shall accrue interest at the rate of eighteen percent per annum, together with all costs of collection, including attorney's fees in the amount of 15 percent of the outstanding balance. Nothing herein contained shall limit the remedies of Seller in the event of a breach by Buyer.

X _____ by signing this application you are authorizing the above listed companies to release information and you are agreeing to meet all Giles Terms and Conditions. (Must be signed by corporate officer)

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