



BATTERY SYSTEMS

Credit Application (Confidential)

I. General Information:

Date:

Business Name:		Contact Name:	
Billing Address:		Telephone Number:	
		Fax Number:	
City, State, Zip Code:		E-mail Address:	
<small>Type of Business (Corp., Individual, Joint Venture, etc.):</small>		Year Started:	
Owner(s):		Main Officers:	
		President/CEO:	
		Vice President:	
		Secretary:	
		CFO:	

II. Supplier References:

Supplier Name and Address	Telephone Number	Number of Years	Credit Limit	Terms	Current Balance

III. Bank References:

Bank Name and Address	Telephone Number	Account Type	Account Number	Account Age	Current Balance



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IV. Customer References:

Name	City, State	Telephone Number	Number of Years	Average Monthly Sales	% of Total Sales

V. Payment Terms / Monthly Purchases:

Requested Payment Terms:	
Estimated Monthly Purchases (Dollars):	
Estimated Monthly Purchases (Units):	

By submitting this credit application, the applicant agrees to pay 18% per annum or the maximum amount of interest allowed by statute, whichever is less, on all past due invoices.

We certify that all of the information on this application is correct. We fully understand the credit terms offered by GES America, LLC d.b.a. GES Battery Systems and agree to the proper payment in consideration of extended credit.

Printed Name: _____

Signature: _____

Title: _____

Date: _____



Authorized Personnel Signature Form

I. Customer Information

Customer Name: _____

Address: _____

City, State, Zip Code: _____

Corporate Officer: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

II. Signature Register:

We are providing to GES Battery Systems the signature register of our employees that are authorized to place, pick up, and receive orders to/from you.

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

These signatures are authorized until we notify you in writing of a change or repeal.

Printed Name: _____

Signature: _____

Title: _____

Date: _____