



P.O. Box 20190 • Scranton, PA 19502 • Phone: 570.344.9089 • 800.958.4121 : Fax: 570.344.9428 • 888.850.6159 • Email: gloves@gfpgloves.com

CREDIT APPLICATION FORM

NAME OF BUSINESS _____ YEARS IN BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

(____) _____ (____) _____
TELEPHONE FAX

BUSINESS MAILING

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS (check one):

UNIFORM DISTRIBUTOR

OTHER (describe) _____

OWNERSHIP

PRINCIPAL OWNER _____ TELEPHONE _____

PRINCIPAL OWNER _____ TELEPHONE _____

TAX EXEMPT CERTIFICATE NO. _____ STATE _____

TRADE REFERENCES

PLEASE PROVIDE A LIST OF AT LEAST THREE OF YOUR PRESENT SUPPLIERS WITH WHOM YOU HAVE ESTABLISHED CREDIT TERMS.

SUPPLIER ADDRESS TELEPHONE FAX

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BANK NAME/BRANCH	ADDRESS	TELEPHONE	FAX
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SPECIAL INSTRUCTIONS

PERSONS AUTHORIZED TO PURCHASE:1) _____
2) _____

PERSON RESPONSIBLE FOR PAYMENT _____

PLEASE PROVIDE ANY SPECIFIC INSTRUCTIONS FOR YOUR ACCOUNT, COMMENTS OR
ADDITIONAL INFORMATION YOU FEEL WILL BE BENEFICIAL TO THIS CREDIT APPLICATION.

_____ BUSINESS NAME (BUYER)
_____ TYPED/PRINTED NAME OF OWNER
_____ SIGNATURE _____ DATE