



Credit Application

GNR HEALTH SYSTEMS, INC.
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OCALA, FL 34470
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Fax: 1-800-523-0914
info@GNRcatalog.com

| | | | |
|---|----------------|---------------|--------|
| Company Name: | | | |
| Federal Tax ID # : | | | |
| Sales Tax ID # | | SS # : | |
| Phone: | Fax: | E-mail: | |
| Billing address: | | | |
| City: | | State: | ZIP: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| Personal or Business and Credit Information | | | |
| Physical address: | | | |
| City: | | State: | ZIP: |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | | |
| City: | State: | ZIP: | Phone: |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Business and/or trade references | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Agreement | | | |
| <p>All invoices are to be paid 30 days from the date of the invoice.</p> <p>I hereby certify the information supplied in this credit application is correct. The information included in this credit application is for use by GNR Health Systems, Inc. in determining the amount and conditions of credit to be extended. I understand that GNR Health Systems, Inc. may also contact other sources of credit information to make this determination. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit with GNR Health Systems, Inc.</p> | | | |
| Authorized Signature | | | |
| Name: | | GNR Account # | |
| Title: | Date: | | |