

Return **Completed Application** and **State Resale Tax Certificate** to customerservice@gharmor.com.

	BILLING	
NAME:		DUNS #:
ADDRESS:		FEIN/FEDERAL TAX ID #:
CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:
EMAIL FOR ORDER CONFIRMAT	TONS:	
	SHIPPIN	G
□ SAME AS BILLING		
NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
EMAIL:		
	ACCOUNTS PA	VARIE
☐ BUSINESS (COMPLETE PAGE 2)	□ GOVERNMENT	ITABLE
CREDIT LIMIT REQUESTED:		
CONTACT NAME:	TITLE:	
PHONE:		
EMAIL FOR INVOICES:		
	TERMS	
unless otherwise indicated in I authorize GH Armor Systems In	interest on overdue account n writing. nc. to obtain credit reports or o ntenance of a credit limit amou	ts charged at 1.5% per month (18% per annum) ther information as deemed necessary in connection int or for any other direct business requirements. I have
AUTHORIZED SIGNATURE:		DATE:
PRINT NAME:		TITLE:
	FOR OFFICE USI	E ONLY
CREDIT LIMIT APPROVED:		APPROVED BY:
ACCOUNT #:		CUSTOMER TYPE:
PRIMARY SALESPERSON:		MARKET SEGMENT:
TERRITORY:		DATE:
NOTES:		



IN BUSINESS SINCE:		WEBSITE:		
NAME(S) OF PRINCIPAL(S):				
	DANIZI	16		
	BANKIN	NG .		
BANK NAME:		ACCOUNT #:		
ADDRESS:		CONTACT NAME:		
PHONE:		FAX:		
	CREDIT REFERENCES	S (5 REQUIRED)		
COMPANY NAME:				
CONTACT NAME:				
ADDRESS:				
PHONE:	EMAIL:			
COMPANY NAME:		•••••••		
CONTACT NAME:				
ADDRESS:				
PHONE:	EMAIL:			
•• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • •	
COMPANY NAME:				
CONTACT NAME:				
ADDRESS:				
PHONE:	EMAIL:			
••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
COMPANY NAME:				
CONTACT NAME:				
ADDRESS:				
PHONE:	EMAIL:			
•••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
COMPANY NAME:				
CONTACT NAME:				
ADDRESS:				
PHONE:	EMAIL:			
I AUTHORIZE THE ABOVE I	NOTED REFERENCES AND BANK TO	RELEASE INFORMATION TO GH ARMO	OR SYSTEMS INC:	
SIGNATURE:		DATE:		