



Gemini Gas Springs TM
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F101 CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Prov:

Postal Code:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

Postal Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

Prov:

Postal Code:

Account number:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. Invoices will be emailed unless you request a hard copy. Send invoice to: ☐ primary contact. ☐ accounting. ☐ both. ☐ Email address:
2. Payments are due 30 days from the date of invoice. Payment method: by cheque or Interac e-Transfer.
3. Terms of sale and delivery: Ex works Vernon BC
4. By submitting this application, you authorize Gemini Gas Springs Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Title:

Date:

Date: