



Great Openings Credit Approval Application

Legal Name of Business _____

Street Address _____

Mailing Address _____

Phone _____

Fax _____

Email for Order Confirmation _____

Name and Title of Financial Contact _____

Email for Invoicing _____

Name and Title of Purchasing Contact _____

Have you purchased directly from Great Openings before? Yes ___ No ___ If yes, when? _____

Federal Tax I.D.: _____

Year business started: _____

Name and title of chief executive officer: _____

Is corporation a division ___ or subsidiary ___ If a subsidiary, name of parent corporation: _____

Trade References: (List 3, or include on a separate document.)

Company _____
Contact Person _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

Company _____
Contact Person _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

Company _____
Contact Person _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

Bank Reference:

Bank Name _____
Contact Person _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

This application is subject to Great Openings terms and conditions of sale, and authorizes Great Openings to obtain credit information from any credit source.

Applicant's Name (please print) _____ Applicant's Signature _____ Title _____ Date _____

For Great Openings Office Use Only:

Approval of Credit Application

Date