



## CREDIT APPLICATION

COMPANY LEGAL REGISTERED NAME (Debtor): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELLULAR PHONE: \_\_\_\_\_

A/P CONTACT & TELEPHONE NUMBER: \_\_\_\_\_ AP EMAIL ADDRESS: \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_

**PLEASE LIST FULL NAMES OF OWNERS/OFFICERS:**

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

ANNUAL SALES VOLUME: \_\_\_\_\_ HAVE YOU EVER FILED FOR PROTECTION UNDER THE U.S. BANKRUPTCY CODE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

FINANCIAL INSTITUTION / BANK: \_\_\_\_\_ CREDIT LIMIT REQUESTED: \_\_\_\_\_

CREDIT REFERENCES: (Please provide at least one past or present aggregate SUPPLIER NAME & Phone Number for reference check)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**UPON APPROVAL OF CREDIT APPLICATION, GKAT, LLC. WILL SELL MATERIALS AND/OR SERVICES ON CREDIT. IN RETURN AND IN CONSIDERATION THEREOF, THE UNDERSIGNED MAKE THE FOLLOWING PROMISES:**

1. I WILL PAY FOR ALL MATERIALS SOLD AND SERVICES PERFORMED WITHIN **14 DAYS** OF THE DATE OF INVOICE. I FURTHER AGREE TO INDICATE WHICH INVOICES / INVOICE NUMBERS MY PAYMENT IS TO BE APPLIED. IF I DO NOT PROVIDE REMITTANCE ADVICE, GKAT, LLC. WILL APPLY PAYMENT TO THE OLDEST OUTSTANDING INVOICES FIRST.
2. IF I DO NOT PAY FOR ALL GOODS, MATERIALS, SUPPLIES AND SERVICES RENDERED WITHIN **14 DAYS** OF INVOICE DATE, THEN I WILL PAY, IN ADDITION TO THE AMOUNT BILLED, A FINANCE CHARGE EQUAL TO 1.5% PER MONTH FOR AN ANNUAL PERCENTAGE RATE OF 18%. I ALSO AGREE THAT MY ACCOUNT WILL NOT BE CONSIDERED PAID IN FULL UNTIL ALL INVOICES AND FINANCE CHARGES ARE PAID AND ACCESS TO FUTURE PURCHASES WILL BE SUSPENDED UNTIL ACCOUNT BALANCES ARE REMEDIED.
3. IF I DO NOT PAY WITH THE CREDIT TERMS GRANTED, GKAT, LLC. MAY IMMEDIATELY SUSPEND MY RIGHTS TO CREDIT AND CEASE SHIPMENT OF GOODS TO ME AND/OR REQUIRE C.O.D. PAYMENTS ON MY ACCOUNT. I AGREE TO ALSO PAY ALL COSTS AND EXPENSES OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES, INCURRED BY GKAT, LLC. IN COLLECTING THIS DELINQUENT ACCOUNT.
4. THE UNDERSIGNED UNDERSTANDS AND AGREES TO TERMS OF THIS CREDIT AGREEMENT.

SIGNATURE BELOW SHALL AUTHORIZE GKAT, LLC. TO INVESTIGATE MY/OUR CREDIT AND SHALL CONSTITUTE PERMISSION FOR GKAT, LLC. TO OBTAIN RELEASE OF MY/OUR CREDIT HISTORY AND RELATED INFORMATION.

SIGNATURE OF OFFICER OR OWNER (Include title): \_\_\_\_\_ DATED: \_\_\_\_\_

I \_\_\_\_\_ (Owner's Name) RESIDING AT \_\_\_\_\_ (Home Address), IN CONSIDERATION OF AND IN EXCHANGE FOR THE GRANTING AND EXTENSION OF CREDIT BY GKAT, LLC. DO HEREBY **PERSONALLY GUARANTY** AND PROMISE TO PAY TO GKAT, LLC. ANY INDEBTEDNESS OF THE ABOVE NAMED COMPANY (Debtor) WHICH HAS OR MAY BECOME DUE AND OWING TO GKAT, LLC.

SIGNATURE OF PERSONAL GUARANTOR (No title): \_\_\_\_\_ DATED: \_\_\_\_\_

**OFFICE USE ONLY --- DO NOT WRITE BELOW THIS LINE**

Credit APPROVED by: \_\_\_\_\_ APPROVED CREDIT AMOUNT: \$ \_\_\_\_\_