



Trade Account Application

Notice: To receive an initial line of credit application must be completed in full



Please refer to Lead # _____ when placing initial order.

A recognized account is a business located in a commercial district open to public during regular business hours, (minimum 40 hours per week) having normal operating expenses such as rent, salaries, etc, a sign visible to the public, with a separate entrance from church or home.

www.GrayCommunicationsInc.com
www.FreedomBeginsHere.org

OFFICE USE ONLY
 Account No. _____
 Init. Cr Limit \$ _____
 Assigned Limit \$ _____
 Ref. Letters _____

(PLEASE PRINT OR TYPE)

STORE NAME					DATE
STREET ADDRESS					TELEPHONE NUMBER
CITY/STATE/ZIP					FAX NUMBER
DATE OPEN MO YR	STORE SIZE (SF) X	SHOPPING CENTER <input type="checkbox"/>	MALL <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>	STATE RESALE # (PLEASE ATTACH COPY)
SALES LAST YEAR (OR EXPECTED IF NEW)	IF NEW OWNER PURCHASE DATE	E-MAIL ADDRESS			FEDERAL TAX NUMBER

CONFIDENTIAL PERSONAL INFORMATION

OWNER/PRINCIPAL OWNER NAME	SOCIAL SECURITY #	HOME TELEPHONE NUMBER
HOME ADDRESS STREET/CITY/STATE/ZIP	THIRD PARTY NAME & TELEPHONE NUMBER (NOT RESIDING IN YOUR HOME)	

REFERENCES FROM WHOM WE MAY REQUEST CREDIT EXPERIENCE. SHOW NAME AND COMPLETE ADDRESS WITH ZIP.

GIVE ACCOUNT NUMBER IF AVAILABLE

1. Company Name	Street	City	State	Zip
Acct #	Fax #	Contact Name		
2. Company Name	Street	City	State	Zip
Acct #	Fax #	Contact Name		
Bank Name	Street	City	State	Zip
Name on Account	Fax #	Contact Name		

Have you ever closed a previous business due to financial difficulties?

Yes No

This application shall be deemed a request for the extension of credit upon such terms and conditions as shall from time to time be adopted by vendor

The undersigned individual who is either a principal of the credit applicant or a sole proprietor recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Gray Communications or its affiliates from time to time as may be needed, in the credit evaluation process.

The undersigned individual who is either a principal of the credit applicant or a sole proprietor hereby certifies that the materials/products listed on subsequent invoices, bills or sales slips are purchased for resale and that the applicant is regularly engaged in the business of reselling the items noted on said invoices, bills or sales slips.

I have read and agree to the above, and authorize Gray Communications to share credit experience with those suppliers who inquire.

Signature

(Owner) _____

Date _____

Printed Name _____

Please remit to: Gray Communications, Inc. PO Box 1071, Siloam Springs, AR 72761; or fax (479) 524-9721

Please submit a copy of the current sales and use tax permit for your business to complete this application. Otherwise sales tax may be added to your order.