

## GATEWAY SUPPLY COMPANY, INC.

WHOLESALERS OF: PLUMBING HEATING COOLING SUPPLIES CORPORATE OFFICES:
1312 HAMRICK STREET • P.O. BOX 2826
TELEPHONE (803) 771-7160 • FAX (803) 799-6149
COLUMBIA, SOUTH CAROLINA 29202

## **Credit Application**

Date			
Business Name			
Street Address			
City	State	State Zip	
Mailing Address			
City	State		Zip
Phone Number	Fax	Date Establish	ed
Business Operates as (please check	one)Corporation _	LLCPartnersl	nip Sole Prop.
In business previously? No _	Yes Name of Busin	ness	
I would like to receive invoices and	statements by (please che	eck one)Em	ailMail
Email address for Accounts Payable	(if checked above)		
Names of Owners, Partners and Off	icers		
Name	Title	Spouse's Na	me
Name	Title	Spouse's Name	
Name	Title	Spouse's Name	
Annual Sales \$	Number of Employ	yees	
Do you require PO's? Yes	No Are you tax exer	mpt?YesNo (if	yes, attach form)
Requested credit amount \$	Purchasing	Agent	
Accounts Pavable Contact		Phone	

## **Credit References**

Name	Phone	Fax
Address		Contact
Name	Phone	Fax
Address		Contact
Name	Phone	Fax
Address		Contact
Name	Phone	Fax
Address		Contact
	Terms	
Inc. to sell or continue to s and all matters set forth ir agency to gather informati	ell to the applicant on credit terms. In this application, to obtain oral or ion necessary for the evaluation of aces to release to creditor any information.	being submitted to induce Gateway Supply Co I/We authorize creditor to make inquiry into an written credit reports from any credit reportin my/our credit and financial responsibility. I/W mation concerning the financial status of each of
will receive a service char charges first and oldest in	rge of 1.5%. Any payments receivoices next. I/We understand that	s of sale are Net 10 <sup>th</sup> Prox. Any past due invoice ved without a remit shall be applied to service the credit limit assigned to the account can bry, or for any other reason deemed reasonable b
undersigned hereby agrees to the total amount due. So hereby agrees that any su Carolina. In the event of a	to pay all costs of collection included hould legal proceedings involving it or action will be instituted in a	net, and legal action is necessary to collect, the ding, but not limited to, attorney fees, in addition this account become necessary, the undersigned non-jury proceeding in a state court of Sout st creditor, it is agreed that Gateway Supply Costs of lost profit.
Name of Company		
Ву	Title	

## **Personal Guarantee**

Date	
due. I/We have read and understand the terms of the guarantee shall remain in effect until revoked by writtee Supply Co. Inc., 1312 Hamrick St., Columbia SC 2920	to credit to to creditor all sums now due or that which may become e account and agree to adhere to them the same. This en notice. Any revocation notice must be sent to Gateway 01 by registered mail, return receipt. It is understood that collateral right or security which you may have, including
	Personal Guarantor
	Personal Guarantor or Spouse
I,	d, do hereby authorize Gateway Supply Co. Inc. to recumstances and responsibility, and authorize them to for making such investigation. This authorization relates a credit, present whereabouts, and all reviews by creditor ualifications of an extension of credit in the name of ame).
I,, the undersigned. Supply Co. Inc. may not be entitled to obtain this info	, understand that without this authorization, Gateway ormation and may not be able to extend credit terms.
I,, the undersigned, a Inc. is to be governed, controlled, construed and enfor	agree that any extension of credit by Gateway Supply Co. reed according to the law of the State of South Carolina.
	Personal Guarantor
	Social Security Number