



Customer Service PO Box 10 6848 Leon's Way Lewisville, NC 27023
Phone: 800.638.0928 Fax: 877.638.7576

Credit Application for New Accounts

General Information:

Business Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Email: _____
Business Type: _____ Proprietorship _____ Corporation _____ Partnership
Date Business Started: _____ State Sales Tax Number: _____ (Attach tax exemption form)
Amount of Credit Requested: _____
Name(s) of Owners, Partners, or Officers: _____ _____

Bank Information:

Bank Name: _____ Account Number: _____
Branch: _____
Address: _____ City: _____ State: _____
Contact Person: _____

Trade References:

Name: _____ Account Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Email: _____
Name: _____ Account Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Email: _____
Name: _____ Account Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Email: _____

By signing below, I authorize Gryphon House, Inc. to examine my credit and trade references.

Signature: _____