



10643 Glenoaks Blvd.
Pacoima, CA 91331

PHONE (818) 501-5277

FAX (818) 465-7099

APPLICATION FOR CREDIT

Trade or Corporation:

_____		Owner _____
Address _____	Manger _____	
City _____	Years in Business _____	
State _____	Telephone# _____	Fax# _____
New _____	Update _____	Credit Line Amt. Request: _____ \$

Bank References

Bank Name _____	Bank Name _____
Branch Address _____	Branch Address _____
Account# _____	Account# _____
State Tax ID# _____	State Tax ID# _____
Officers Name _____	Officers Name _____
Comments _____	Comments _____

Credit References

Name _____	Name _____
Address _____	Address _____
_____	_____
Telephone# _____ Fax# _____	Telephone# _____ Fax# _____
Account# _____	Account# _____

Name _____	Name _____
Address _____	Address _____
_____	_____
Telephone# _____ Fax# _____	Telephone# _____ Fax# _____
Account# _____	Account# _____

Name _____	Name _____
Address _____	Address _____
_____	_____
Telephone# _____ Fax# _____	Telephone# _____ Fax# _____
Account# _____	Account# _____

REVERSE SIDE MUST BE SIGNED AND COMPLETED



10643 Glenoaks Blvd.
Pacoima, CA 91331

PHONE (818) 501-5277

FAX (818) 465-7099

TERMS AND CONDITIONS

1. I/We agree to pay Gravity Defyer, Inc. according to the credit terms stated on each individual invoice.
2. In the event of default of the foregoing paragraph (1) I/We agree to pay Gravity Defyer, Inc. service charges in the amount of 1 ½ % per month on all unpaid past due balance. THIS SERVICE CHARGE EQUATES TO 18% PER ANNUM.
3. I/We agree to notify Gravity Defyer, Inc. of any change of ownership within thirty (30) days of said changes.
4. In the event that this account is placed for collection with an attorney or other agency I/We agree to pay all reasonable collection expenses and/or attorney fees as determined by the court.

Date

Signature / Title

Date

Signature / Title

Continuing Personal Guarantee

I/We for consideration of the sale of merchandise and the granting of credit by Gravity Defyer, Inc. to the undersigned, unconditionally, jointly and separately guarantee payment for all purchases made by said person or company to Gravity Defyer, Inc.

Signature (Guarantor)

Signature (Joint Guarantor)

Home Address

Home Address

City / State / Zip Code

City / State / Zip Code

Date

Date

Information for Your Bank

Please be advised that I am authorizing (Bank Name) _____

To release pertinent information needed to Gravity Defyer, Inc. on account # _____

Date

Signature