



Gemini Gas Springs TM
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F101 CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		Prov:	Postal Code:
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	Postal Code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		Prov:	Postal Code:
Account number:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. Invoices will be emailed unless you request a hard copy. Send invoice to: primary contact. accounting. both. Email address:
2. Payments are due 30 days from the date of invoice. Payment method: by cheque or Interac e-Transfer.
3. Terms of sale and delivery: Ex works Vernon BC
4. By submitting this application, you authorize Gemini Gas Springs Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: