



7526 Connelley Dr., Unit G, Hanover, MD 21076
 Phone: (410) 766-2210 Fax: (410) 630-5515



7525 Connelley Dr., Unit U, Hanover, MD 21076
 Phone: (410) 787-8828 Fax: (410) 787-8830

Core Drilling – Concrete Sawing - Debris Removal – Firestop – GPR – Thermal & Moisture Protection

CREDIT APPLICATION

(PLEASE COMPLETE AND RETURN BOTH PAGES)

NAME OF BUSINESS: _____

ADDRESS: _____

City _____ State _____ Zip Code _____

PHONE NUMBER: _____ **FAX NUMBER** _____

YEAR IN BUSINESS: _____ **EMAIL ADDRESS** _____

PRINCIPAL OWNERS: _____ % of Ownership _____
 _____ % of Ownership _____
 _____ % of Ownership _____

Full Name _____ **Social Security Number or EIN** _____

TERMS OF AGREEMENT

In consideration of you extending credit to the firm of _____, (Corporation, Partnership, Trade Name) and in further consideration of all work performed for said firm, the undersigned do hereby jointly and individual guarantee the payment by aforesaid business concern on the terms stated in each purchase order or other given in (writing, telephonically, orally, or otherwise by an agent of the aforesaid organization). You are authorized to charge (2%) interest per month on all accounts past due. We, the undersigned may be held jointly and severally liable to G&M Services, LLC and/or Concrete Visions, LLC. This guarantee is continuing. The undersigned hereby further agrees he shall pay in addition to the indebtedness due and owing reasonable attorney's fees plus all court costs. Venue will be at the sole discretion of G&M Services, LLC and/or Concrete Visions, LLC. The parties hereby acknowledge that the goods and/or services are not payable in installments, but are payable in full. I have read the above and understand completely. Witness our hand and seal this the _____ day of _____, 20__.

Please note: The above referenced firm also acknowledges that G&M Services, LLC and/or Concrete Visions, LLC assumes no responsibility for lay-out or damage to hidden utilities, piping, beams, structural reinforcement, stress cable, etc.

 Signature (Principal of Company)

 Signature (Witness)

How Were You Referred To Us: _____

For office use only.

Req't'd By: _____ Sales Rep. _____ Approved By: _____ Date Approved: _____ Credit Limit: _____



YOUR COMPANY ACCOUNTS PAYABLE

CONTACT PERSON: _____ **EMAIL:** _____

PHONE NUMBER _____ **FAX NUMBER:** _____

- **DOES YOUR COMPANY REQUIRE JOB NUMBERS'?** _____ **YES** _____ **NO**
- **DOES YOUR COMPANY REQUIRE P.O. NUMBERS'?** _____ **YES** _____ **NO**

WHAT IS YOUR PREFERRED INVOICE DELIVERY METHOD? _____

IF APPLICABLE, PLEASE LIST JOB NAMES WITH PROJECT MANAGERS' NAME AND PHONE NUMBER.

If you are affiliated with, owned by, or partnered with any other company, please provide the name(s) and phone number(s) of those companies.

HOW DID YOU HEAR ABOUT G&M SERVICES AND/OR CONCRETE VISIONS:

TYPE OF COMPANY: GC ___ Mechanical ___ Plumbing ___ Electrical ___ Other _____

BANKS: (NAME OF BANK, PHONE NUMBER AND FULL ADDRESS)

Name: _____ Phone Number _____ Email Address: _____

Address: _____

City _____ State _____ Zip Code _____

Name: _____ Phone Number _____ Email Address: _____

Address: _____

City _____ State _____ Zip Code _____

VENDOR REFERENCES: (COMPLETE NAME OF BUSINESS, ADDRESS, & PHONE AND FAX NUMBER)

***PREFERRABLY A REFERENCE OF ONE YEAR OR MORE DEALINGS**

Name: _____ Phone Number _____ Email Address: _____

Address: _____

City _____ State _____ Zip Code _____ Acct. No.: _____

Name: _____ Phone Number _____ Email Address: _____

Address: _____

City _____ State _____ Zip Code _____ Acct. No.: _____

Name: _____ Phone Number _____ Email Address: _____

Address: _____

City _____ State _____ Zip Code _____ Acct. No.: _____