

**Gerster Equipment Company, Inc.**  
90 Curtwright Dr, Suite 7  
Williamsville, NY 14221

Phone: 716-650-4887  
Fax: 716-634-2026

Email: [AccountsPayable@gersterequipment.com](mailto:AccountsPayable@gersterequipment.com)

### CREDIT APPLICATION

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Email of Principal: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Email of Principal: \_\_\_\_\_

Email Address for Accounting: \_\_\_\_\_

Tax Exempt:  Yes  No (If yes, enclose CERTIFICATE)

Credit Limit Requested: \_\_\_\_\_

**\*\*We must have the attached authorization completed for bank disclosure\*\***

Bank (Checking): \_\_\_\_\_ Account #: \_\_\_\_\_

(Savings): \_\_\_\_\_ Account #: \_\_\_\_\_

### REFERENCES

Business #1: \_\_\_\_\_ #2: \_\_\_\_\_

Fax # \_\_\_\_\_

Business #3: \_\_\_\_\_ #4: \_\_\_\_\_

Fax # \_\_\_\_\_

Applicant grants permission to Gerster Equipment Company, Inc. to obtain independent credit reports or credit information from other third party references not listed within this Credit Application and other information from other third party references and bank, and authorizes the credit and bank references to release information to Gerster Equipment Company that may be used to determine credit worthiness. Applicant hereby authorizes this Agreement to be shown and delivered to such parties, with a copy of this Agreement to be valid as the original.

The Gerster Equipment Company's terms of credit are net 30. A 1.5% per month finance charge is applied to each invoice that is past due. Past due accounts are subject to credit restrictions and costs of collection proceedings, if necessary, will be paid by the customer. Equipment is direct shipped FOB factory or sold from our inventory FOB warehouse. Until this credit application is approved, our terms are cash in advance or secured check.

I have read and hereby accept the terms of payment for Gerster Equipment Company, Inc. as stated above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Please return credit application to: [AccountsPayable@gersterequipment.com](mailto:AccountsPayable@gersterequipment.com)

## BANK AUTHORIZATION LETTER

I authorize \_\_\_\_\_ Bank to disclose credit information to:

Gerster Equipment Company, Inc.  
Attn: Accounting Department  
90 Curtwright Dr, Suite 7  
Williamsville, NY 14221  
716-626-7542

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

This is for reference purposes only. Information may not be used to process bank transactions.

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_