



7020 Cline Avenue, Hammond, Indiana 46323  
 www.goist.us  
 Tel 219-554-6750  
 Fax 219-554-6752

COMPANY INFORMATION	
Company Name	
Form of Business Ownership	
Year Established	
Accounts Payable Contact	Phone:
	Name:
	Email:
Bill to Address	
Billing Instructions	

CREDIT REFERENCES			
1. Company Name:		3. Company Name:	
Contact Info:		Contact Info:	
- Name		- Name	
- Email		- Email	
- Fax		- Fax	
2. Company Name:		4. Company Name:	
Contact Info:		Contact Info:	
- Name		- Name	
- Email		- Email	
- Fax		- Fax	

BANK REFERENCE	
Bank Name:	
Account # :	
Address:	
Contact Phone # :	

I hereby apply for credit, and agree that if such credit is extended that I will pay all invoices within 30 days.  
 The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my credit and financial responsibility.

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