CREDIT APPLICATION

for Truth Seeker Productions, Inc. DBA GEARTECHS.COM 105 S. Brinker Ave., Columbus, OH 43204-1909 Phone (614) 276-1997 Fax (614) 279-5347

Your Information

Legal Name of Organization:			
	Shipping Address:		
Phone#	Fax#		
Authorized Purchaser(s): Organization is a Corporation	Association Partnership	 Proprietorship	
In the State of	Since (Date):		
President / Principal / Pastor Name			
Accounts Payable / Treasurer Contact			
Their Phone Number			
Amount of Credit Desired \$			
Trade References (those that you pay on Open Account)			
Name:	Type of Business:		
Address:Phone #		_ Zip:	
Name:	Type of Business:	- <u></u>	
Address:	City: State: Account #	_ Zip:	
	Type of Business:		
Address:Phone #	City: State: Account #	_ Zip:	
Bank Reference			
- 			
Bank Name:			
Savings Account # Bank Address	Checking Account # 		
Bank Officer Name	 Phone #		

Terms

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment terms are Net 10 Days (payment due date is always 10 days from invoice); (2) any charges unpaid after the above 30 days are to be increased by 1 1/2% per month (18% per year); (3) title to all merchandise shall remain with Truth Seeker Productions, Inc. until all invoices and additional charges have been paid in full; (4) all claims, requests for adjustments, or notification of errors must be made within 14 days of delivery, or charges are considered accepted. Title of goods transferred in Ohio.

I further authorize a representative of Truth Seeker Productions, Inc. to contact our named bank and officer which will provide to Truth Seeker Productions, Inc. information with regard to account activity, average account balances, non-sufficient funds activity, and other information deemed sufficient by Truth Seeker Productions, Inc. to determine credit worthiness.

TWO SIGNATURES REQUIRED below. All information requested must be complete or application will be denied.

Name:	
Title:	
Address:	
City/State/Zip:	
Home Telephone:	
Signature:	Date:
Name:	
Title:	
Address:	
City/State/Zip:	
Home Telephone:	
Signature:	Date: