



GVC Direct, Inc.
PO Box 7340
North Port, FL 34290

Phone: (800) 610-6482
Fax: (800) 482-1965
Email: sales@gvc.net

ACCOUNT APPLICATION

Please complete in its entirety and mail, fax, or email back

Last Revised: 1/2012

GVC Internal Use Only
Approved By:
Supervisor Approval:
Approved On:
Terms:

Company Name:
Trade Style (DBA):
Billing Address:
City, State, Zip:
Phone Number:
Fax Number:
Date Established:
Fed. ID No:
AP Contact Name:
Shipping Address:
City, State, Zip:
AP Phone Number:
AP Fax Number:
AP Email:
DUNS #

- 1. Sole Proprietorship 2. General Partnership 3. Corporation

NOTE: If #1 or #2 is checked above, please fill in the following:

Name of Principals Residential Street Address City/State/Zip Social Security No.
1.
2.

Tax Status: Taxable Resale NOTE: If non-taxable, please provide a signed resale certificate.

Primary Account Users: Are Purchase Orders Issued? Yes No

Trade References:

Name Street Address City/State Zip
Account Number:
Email:
Phone:
Fax:
Account Number:
Email:
Phone:
Fax:
Account Number:
Email:
Phone:
Fax:

Bank References:

Name Street Address City/State Zip
Account Number:
Type of Account:
Name:
Phone:
Fax:

The above information is provided for the purpose of obtaining credit and is warranted to be true. I am a duly authorized agent and work for the above named company. I hereby authorize release of credit information to G.V.C. Direct, Inc. on references listed above.

Print Name: Signature: Title/Date: