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Ellensburg, WA 98926

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CREDIT APPLICATION

GSL/GSE SALES REP: _____

Please check one: Corporation Limited Liability Company Proprietorship Other

LEGAL NAME OF BUSINESS:

CORTERA LINK ID OR DUNS#:

PHYSICAL ADDRESS:

PHONE #:

CITY:

STATE/PROVINCE:

ZIP CODE/POSTAL CODE:

MAILING ADDRESS: (If different than physical address)

CITY:

STATE/PROVINCE:

ZIP CODE/POSTAL CODE:

PREVIOUS MAILING ADDRESS (Assists with Credit History)

CITY:

STATE/PROVINCE:

ZIP CODE/POSTAL CODE:

TYPE OF BUSINESS:

ESTABLISHED BUSINESS: (MO/YR)

PARENT COMPANY NAME: (IF APPLICABLE)

PHONE #:

MAILING ADDRESS:

CITY:

STATE/PROVINCE:

ZIP CODE/POSTAL CODE:

ACCOUNTS PAYABLE CONTACT:

PHONE #:

FAX#

A/P EMAIL ADDRESS:

FEDERAL TAX ID/EIN#:

AP HOURS:

PRINCIPAL/OWNER OR AUTHORIZED COMPANY OFFICER:

NAME/TITLE OF ADDITIONAL COMPANY OFFICERS:

AMOUNT OF CREDIT REQUESTED:

ESTIMATED MONTHLY SHIPPING SPEND:

PLEASE ATTACH A SEPARATE LIST OF ALL BUSINESS NAMES AND ADDRESSES THAT WILL BE SHIPPING/RECEIVING

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true and correct. I/We hereby authorize the company to whom this application is being submitted to investigate the references listed pertaining to my/our credit and financial responsibility. By signing below, I/We agree to accept electronic signatures and/or faxed copies of this document as a legal and binding effect. **THE AUTHORIZED SIGNATORY SIGNING THIS APPLICATION CONSENTS TO THE TERMS AND CONDITIONS FOUND AT: WWW.SHIPGSE.COM.**

SIGNATURE OF AUTHORIZED OFFICER:

TITLE:

PRINT NAME OF SIGNER:

DATE SIGNED:

SUBMIT THE COMPLETED FORM TO GLOBAL SOURCE VIA SECURE FAX AT: 855-284-6199 OR EMAIL TO: VENDORS@SHIPGSE.COM