

GL INTERNATIONAL CORP.

6751 Alexander Bell Dr. Columbia, MD 21046 Tel: (800) 958-1326, Fax: (443) 451-8249

www.gliok.com

info@gliok.com

NEW ACCOUNT APPLICATION

Business Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
E-Mail Address: _____

Owner Information

First Name: _____ Last Name: _____
Home Address: _____ City: _____ State: _____
Zip Code: _____ Home Phone: _____ Cell: _____
Social Security Number: _____ Driver License No: _____

Type of Business

_____ Oriental Grocery Store
_____ Distributor /Wholesale
_____ Hispanic Grocery
_____ Others

_____ Oriental Restaurant
_____ American Grocery
_____ Convinient Store

Type of Ownership

_____ Individual Proprietor
_____ Partnership
_____ Corporation
_____ LLC

Established Year: _____ DUN#: _____
Federal Tax ID: _____ Business License Number: _____

Trade References

1. Company Name: _____ Account Number: _____
Address: _____
Phone Number: _____ Fax Number: _____

2. Company Name: _____ Account Number: _____
Address: _____
Phone Number: _____ Fax Number: _____

3. Company Name: _____ Account Number: _____
Address: _____
Phone Number: _____ Fax Number: _____

Bank References

1. Deposit Bank : _____ Contact Name: _____
Account Number: _____
Address: _____
Phone Number: _____ Fax Number: _____

2. Lending Bank : _____ Contact Name: _____
Account Number: _____
Address: _____
Phone Number: _____ Fax Number: _____

I HEREBY AUTHORIZE ABOVE REFERENCES TO SUPPLY **GL INTERNATIONAL CORP.**
WITH RELEVANT INFORMATION CONCERNING FINANCIAL RELATIONSHIPS.

Printed Name: _____ Signed: _____
Title: _____ Date: _____

SHIPPING INFORMATION

Company Name : _____

Business Days: _____

Business Hours: _____

Delivery Hours: _____

Holiday Schedule Hours: _____

Shipping Address: _____

City: _____ **State:** _____

Zip Code: _____

Business Phone: _____ **Fax:** _____

Contact Person: _____

Delivery Emergency Contact Person: _____

Emergency Phone/Cell Number: _____

Customer must provide safe and adequate unloading facilities for GL INTERNATIONAL CORP. Deliver equipment.

Shipping Accessibility: **Dock Load:** _____ **Yes** _____ **No**

Shipping Condition: **Front:** _____ **Back:** _____

MAP AREA (to show Store Location ,Delivery Entrance, Parking accessibility)

Resale Certificate

Date _____

To: GL International Corp.
6751 Alexander Bell Dr.
Columbia, MD 21046

Buyer's Name _____

Buyer's Address _____

City _____ State _____

Zip Code _____

Sales and Use Tax Registration License Number: _____

*** (Please attached a copy of the license) ***

This is to certify that all tangible personal property or taxable services purchased from GL International Corp. are intended for resale as tangible personal property or for use or incorporate as a material or part of other personal tangible property to be produced for sale.

This certificate shall be considered as a part of each order we sell give, provided that the order bears our State Sales and Use Tax Registration License Number, and is to continue in force until revoked.

Signature _____

Print Name _____

Title _____