



Gemini Incorporated
 103 Mensing Way
 Cannon Falls, MN 55009
 Ph: 800.538.8377
 Fax: 800.421.1256

CREDIT APPLICATION

Date _____

Company Name _____

Address _____
Street City State Zip

A/P Contact _____ A/P Phone # _____

A/P Fax # _____ A/P Email _____

Terms:

Net 10, payable 30 days (50% Down Payment may be required on orders over \$500, as stated in the catalog.)
 Applicants signature accepts financial responsibility to pay all invoices in compliance with our credit terms. No other terms apply unless agreed to in writing. Customers with established Gemini credit are expected to pay net within terms or account may be changed to C.O.D. or prepaid.

Late Charges Applicant agrees to pay late charges at a rate of 1-1/2% per month on any balance not paid within terms.

Legal and Collection Fees Applicant agrees to pay all collection expenses including reasonable attorneys fees if the need should arise.

Past Due Invoices Will cause delays in shipments.

Please allow 2-3 weeks to complete processing. Your order will be processed C.O.D. until your credit is approved.

I hereby certify that all the information submitted is correct. I authorize Gemini Inc. to obtain a personal credit report. I understand the credit terms and do hereby authorize the listed bank and references to release credit information to Gemini Incorporated.

Name _____ Signature _____
(Type or Print, Please)

Bank Information:

Bank Name _____ Bank Phone # _____

Bank Address _____
Street City State Zip

Bank Contact Person _____ Bank Account # _____

Ownership Information:

Owner Name _____ Social Security # _____
(Type or Print, Please)

Home Address _____
Street City State Zip

Home Phone # _____ Home Email _____

Officer Name _____ Title _____

State Incorporation _____ Federal ID# _____

Type of Business:

- Local / Regional Sign Company
- Sign Supply Distributor
- Other _____

