



CREDIT APPLICATION

Gefen, LLC
 20600 Nordhoff St
 Chatsworth, CA 91311
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 www.Gefen.com

CREDIT APPLICATION INFORMATION			
Company Name:		Controller:	
Federal Tax ID or Owner's SSN:		Accounts Payable Contact Name:	
Owner/Principal Name(s): _____		AP Phone:	AP Fax:
Title: _____		AP E-mail	
Street Address:		D&B#:	
City:	State:	Zip:	Check One Below:
Phone:	Fax:	Corporation or LLC <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Email Address:		Partnership <input type="checkbox"/>	Other <input type="checkbox"/>
Date Business Established:		Type of Account Desired:	
Type of Business:		Open Account <input type="checkbox"/>	CIA/COD <input type="checkbox"/>
Are you CA sales tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		Desired Credit Limit \$ _____	
If "Yes", Please provide your CA Resale # and attach a copy of resale certificate.			

TRADE CREDIT REFERENCES (Please provide those with credit limits close to your current request)					
Vendor Name:			Vendor Name:		
Phone:	Fax:		Phone:	Fax:	
Acct#	Contact:		Acct#	Contact:	
Street Address:			Street Address:		
City:	St:	Zip:	City:	St:	Zip:
Email Address:			Email Address:		
Vendor Name:			Vendor Name:		
Phone:	Fax:		Phone:	Fax:	
Acct#	Contact:		Acct#	Contact:	
Street Address:			Street Address:		
City:	St:	Zip:	City:	St:	Zip:
Email Address:			Email Address:		

BANK REFERENCES			
Bank:	Phone:	Fax:	
Acct#:	Contact Name:		
Street:	City:	State:	Zip:

CREDIT REQUIREMENTS			
How frequently do you anticipate your company will purchase from Gefen, LLC?			
<input type="checkbox"/> One Time/Occasional	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Frequently
What do you estimate your annual purchases to be?			
<input type="checkbox"/> Under \$15,000.00	<input type="checkbox"/> \$15,001-50,000.00	<input type="checkbox"/> \$50,001-150,000.00	<input type="checkbox"/> Exceed \$150,000.00

BUSINESS CREDIT CARD INFORMATION (TO BE USED WHEN AUTHORIZED FOR PAYMENT)

Credit Card Type

American Express

Visa

MasterCard

Name on Credit Card:

Credit Card #:

Expiration Date:

CID (Security Code):

I am an authorized signer on the aforementioned Credit Card and give Gefen, LLC permission to institute payments on the card when verbally, or otherwise, authorized by any agent of our organization for payment of purchases or our open account with Gefen, LLC.

SIGNATURE OF APPLICANT

PRINT NAME/TITLE

DATE

TERMS & CONDITIONS FOR CORPORATE ACCOUNT

The above named firm and the authorized representative signing this agreement hereby represent, warrant, and declare that this application for credit and all other supporting documentation including financial statements submitted for the purpose of inducing Gefen, LLC to make periodic sales of goods and equipment to it on credit, is true and correct. In consideration thereof, it is agreed and understood that the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf; **ALL ACCOUNT BALANCES ARE PAYABLE IN FULL, AND IN US DOLLARS, WITHIN 30 DAYS FROM DATE OF INVOICE**; all payments shall be made to Gefen, LLC, at 20600 Nordhoff St., Chatsworth, CA 91311. **SECURITY INTEREST:** a purchase money security interest in all goods and equipment purchased shall be retained by Gefen, LLC, until payment in full has been received for such goods and equipment, and Gefen, LLC, may file UCC-1 forms or other financing statements to perfect its security interests; in the event of default of payment when due, all costs of collection, including attorney's fees and court costs irrespective that a suit is filed, shall be paid by the applicant; any credit extended to the applicant may be reduced or eliminated by Gefen, LLC. if in its reasonable discretion, determines that the applicant's financial situation or ability to pay is impaired. Buyer understands and agrees that all sales and other transactions between Buyer and Gefen, LLC shall be governed by the laws of the state of California and any dispute arising from the parties' relationship will be litigated exclusively in the courts of Los Angeles County, State of California. Buyer expressly consents to the jurisdiction of California courts.

To Whom This May Concern:

This will be your authority and my request to you to release any information requested concerning our personal or business credit standing.

******APPLICATION MUST BE FILLED OUT COMPLETELY******

SIGNATURE OF APPLICANT

PRINT NAME/TITLE

DATE

If you are reselling our products, please attach a copy of your CA Sales Tax/Resale Certificate when returning the Credit Application. Fax back to Gefen, LLC. Credit Department at 818-772-9120, scan and forward to jeff@Gefen.com or mail to Gefen, LLC at address on application heading.