



## Features

*Specifications are subject to change without notice or obligation.*

Dear (Name):

Thank you for your order and request for credit terms. To expedite your order, we need you to provide the information listed below. We appreciate your attention and cooperation to provide these details on your purchase order.

Requirements:

- 1) Billing Address - State the address of the company where invoices will be sent
- 2) Deliver Address - State the address of the company where the goods will be delivered
- 3) Authorized Purchase Order Amount - Include system and/or parts total, shipping and handling costs and, if applicable, the tax amount
- 4) Authorized Purchase Order Number
- 5) Net 30 Terms

If your company does not use formal purchasing documents, we ask that all the above requested information be included on company letterhead. Please forward this information to your Gateway Account Executive. We appreciate your business.

Sincerely,



Attention to:

(Account Executive)

\*Order will be delayed if this blank is not filled

### Business Credit Application

#### Customer Information

Legal Business Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Business : Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
Principal \_\_\_\_\_ Chief Financial Officer \_\_\_\_\_  
SS# \_\_\_\_\_

#### Business Description

Nature of Business \_\_\_\_\_  
Date Business Started \_\_\_\_\_ Number of Employees \_\_\_\_\_  
Purchasing Agent \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_  
Telephone # \_\_\_\_\_ Federal Tax # \_\_\_\_\_  
Fax # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_  
Estimated Credit Limit Desired \$ \_\_\_\_\_

#### Banking Reference

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Officer \_\_\_\_\_ Phone # \_\_\_\_\_  
Account number \_\_\_\_\_ Years with Bank \_\_\_\_\_

#### Trade References

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Account # \_\_\_\_\_  
  
Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Account # \_\_\_\_\_  
  
Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Account # \_\_\_\_\_

**The undersigned authorizes Gateway to inquire as to any relevant information from any source, including a consumer credit report on him or her if the subscriber has a legitimate business need for this information. We further acknowledge that Gateway's right to obtain credit information may be withdrawn at any time upon receipt of written notice to Gateway.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Bank Signer)

1414 Genessee St., Kansas City, MO 64102-1048  
Telephone 816-545-3534 Fax 816-545-3535 Toll Free 800-846-2000

# Example Purchase Order

## Customer Company Name

Customer Company Street Address  
 City, State and Zip Code  
 Phone 000.000.0000 Fax 000.000.0000

If your company does not use formal purchase orders, please submit the same requirements on your company's letterhead or stationery.

The Purchase Order Number must appear on all related correspondence, shipping papers and invoices.

**1** P.O. NUMBER: 12345

**To:** Gateway (Vendor Name)  
 Attn: Account Executive's Name  
 1414 Genessee St.  
 Kansas City, MO 64102-1048

**2/3** Bill To/Ship To: (Delivery Address)

P.O. DATE	REQUISITIONER	SHIP VIA	F.O.B. POINT	TERMS
				<b>4</b> NET 30

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
		<b>***EXAMPLE***</b>		\$ 0.00
		<b>NON-TRANSFERABLE</b>		\$ 0.00
				\$ 0.00
				\$ 0.00
			SUBTOTAL	\$ 0.00
			SALES TAX	
			SHIPPING & HANDLING	
			OTHER	
			<b>5 TOTAL</b>	<b>\$ 0.00</b>

1. Authorized Purchase Order Number
2. Bill To / Invoice Address
3. Ship To / Delivery Address
4. Net 30
5. Authorized purchase amount include Freight & Tax

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Signed By Authorized Purchasing Agent