



GST Solution, Inc.  
**dba Voice Caddie**  
 13951 Valley View Ave.  
 La Mirada, CA 90638  
 Tel 562-926-3978 Fax 562-926-3912

**CREDIT APPLICATION**

Owner's Name		
Legal Company Name		
D.B.A. Name		
Address (Ship To)		
City	State	Zip Code
Address (Bill to - If Different)		
City	State	Zip Code
Telephone (Purchasing Dept.)*		Fax*
Telephone (Accounting Dept)*		E-mail Address*
Federal ID#	Resale ID#	D&B #
Legal Entity Status		
Corporation <input type="checkbox"/>	Individual/Sole proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>
Date Incorporated/Years in business		<b>" * " Required</b>

**BANK INFORMATION**

Bank Name	Account #
Address	
Telephone	Fax

**PERSONAL GUARANTEE (to be completed by Individual/Sole proprietor and Partnerships)**

In consideration of credit being extended to the business named herein, the undersigned personally guarantees payment of the account and of each and every invoice rendered to the account by Voice Caddie. This guarantee is and shall be in full force and effect until it is cancelled by the undersigned, in a written letter to Voice Caddie by registered mail, return receipt requested. The cancellation will then be effective commencing 24 hours after Voice Caddie's receipt of the cancellation letter.	
Date:	Signature:
	Name: (print)
Home address:	
Social Security Number:	

You, our customer, agree to pay under the terms of each invoice issued by Voice Caddie, which are Net 30 Days. In the event of non-payment, Voice Caddie may impose DELINQUENCY CHARGES AT THE RATE OF 1.5% per month at our sole discretion. You, our customer, shall also be responsible for all collection costs and attorney's fees in connection with any delinquent amount.

All persons providing this application certify that all of the information contained in this application and any attachment to be TRUE and CORRECT to the best of their knowledge and belief. Your signature below binds your Organization to these Terms and Conditions.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

GST Solution, Inc.  
**dba Voice Caddie**  
13951 Valley View Ave.  
La Mirada, CA 90638  
Tel 562-926-3978 Fax 562-926-3912

**CREDIT APPLICATION**

**TRADE REFERENCES**

Company Name	_____	Account #	_____
Telephone	_____	Fax	_____
Company Name	_____	Account #	_____
Telephone	_____	Fax	_____
Company Name	_____	Account #	_____
Telephone	_____	Fax	_____