

NEW CUSTOMER APPLICATION

Please Fax to: 800-421-1256 Attn: Mailroom



Gemini Incorporated

103 Mensing Way, Cannon Falls, MN 55009
Ph: 800-538-8377 • Email: sales@signletters.com

Date _____

Thank You for choosing Gemini Incorporated. We're glad that you have selected us to be a supplier of your letters, logos and plaques. We're working hard to earn your business. At Gemini, we go to great lengths to verify that you, the customer, are a legitimate sign professional. We don't do it because we like to make you jump through hoops. We do it for YOUR protection. **Our policy is to sell only to legitimate sign companies or graphic resellers – NOT to YOUR customer that needs letters for their own business.**

In order to protect YOUR business as a reseller of letters and sign products, we require verification of your business and a completed credit application:

*** YOU MUST SUBMIT VERIFICATION OF YOUR BUSINESS ***

The Following May Serve as Verification:

- ✓ A copy of your Yellow Page ad under "SIGNS".
- ✓ A Business Certificate that indicates you are in the retail "SIGN" business.
- ✓ A Referral from another Sign Company in your area that could verify your business.

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Title _____

Phone _____ Fax _____

Email _____

Do you produce any of your own 3-D signage? Yes No

Type of Business: Local/Regional Sign Co. Sign Supply Distributor Other _____

of Employees: 1-2 3-10 11-25 Over 25

Do you work out of: Residence Residence with a separate shop Commercial location Industrial Location

What is your business focus: *(Check all that apply)*

<input type="checkbox"/> Vinyl/vehicle wraps	Where do you get most of your business:	<input type="checkbox"/> Walk-in/retail location
<input type="checkbox"/> Digital printed signs		<input type="checkbox"/> Outside sales force
<input type="checkbox"/> Screen printing		<input type="checkbox"/> Division 10/contractors
<input type="checkbox"/> 3-D graphics		<input type="checkbox"/> Architects
<input type="checkbox"/> Electric signage		<input type="checkbox"/> Yellow Page advertising
<input type="checkbox"/> Architectural signage		<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____		

CREDIT APPLICATION: All new Gemini customers are set up with COD terms. **Should you want NET terms, please complete credit application on Page 3.** Credit terms are normally authorized within 2 weeks. Should you wish to pay with a major credit card, we accept MasterCard and Visa.

ABOUT YOUR BUSINESS:

Product Shipping Address – Check box if same as Mailing address on Page 1

City _____ State _____ Zip _____

Names of individuals in your company who should receive Gemini catalogs:

Title _____

Title _____

Title _____

Title _____

Credit Contact: _____
Title _____

- I would like a salesperson visit. I would like an Installation DVD.
- I would like a sample kit I would like a web graphics CD
- I would like a Price Catalog I would like a No-Price "Showcase" Catalog.
- I would like a sample of: _____

ABOUT YOUR ORDERS:

I prefer my invoices/statements: Faxed (_____) _____

E-mailed _____
Address _____

Mailed _____
Street _____
City _____ State _____ Zip _____

I prefer my order acknowledgments: Faxed (_____) _____

E-mailed _____
Address _____

I prefer to pay via*: COD Credit Card Other _____

(*For all terms other than COD, use credit application on page 3)

TAX EXEMPT CERTIFICATE: Should you reside in MN, VA, NV, IA, TX or CA, you will need to fill out a Tax Exempt Certificate and fax it to us in order to not charge you sales tax. You may download this form from our website at www.signletters.com.

THANK YOU for choosing Gemini Letters as one of your many suppliers of Quality Sign products.
If you have any questions, please call us at **1-800-LETTERS**.



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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 _____

