



GEL Laboratories, LLC

2040 Savage Road  
Charleston, SC 29407-4781

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable email: \_\_\_\_\_

Business Structure ( ) Individual ( ) Corporation ( ) Partnership

List of Creditors with whom your Company has an open account:

**Please do not use monthly utility or credit card companies.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Please email this to the Accounting Department  
at [elaine.booker@gel.com](mailto:elaine.booker@gel.com)

GEL Use Only

Projected Amount \$ \_\_\_\_\_

Acct Notes:

**Release of Credit Information:**

The undersigned hereby authorizes its bank, suppliers, and other persons or entities with whom applicant is doing business or who have knowledge of applicant's financial affairs, to release to GEL Laboratories, LLC information regarding applicant's credit history and other financial information regarding applicant.

Applicant states that he/she has read and answered the questions of this credit application and that information supplied herein is true and accurate to the best of his/her knowledge.

**Credit Terms:**

Invoices are due net 30 from the date of invoice unless other arrangements are made prior to invoicing. Signing this application signifies agreement with these terms.

**Liability of Applicant for Collection Cost and Reasonable Attorney's Fees:**

Applicant agrees that if GEL Laboratories, LLC institutes action to recover money on account of credit extended, that GEL Laboratories, LLC will be entitled to recover from applicant any and all cost of collection, including a reasonable attorney's fee. All debts are payable in Charleston, Charleston County, State of South Carolina. Venue for legal proceedings will be in Charleston, Charleston County, State of South Carolina.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Applicants Title

\_\_\_\_\_  
Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_