



gotügo  
nature calls.

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portable restroom solutions

7355 Green Acres Dr  
Glen Burnie, MD 21060  
410.360.1215: telephone  
410.360.1218: fax

www.gotugo.com

**Credit Application and Agreement**

**A. Applicant**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ Fax: \_\_\_\_\_

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

**B. Business Information – Please circle one**

Corporation

Partnership

Individual

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Accounts Payable Contact (1): \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Accounts Payable Contact (2): \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Federal Tax Number: \_\_\_\_\_ Sales Tax Exempt Certificate: YES NO (if yes, enclose signed certificate or copy)

**C. Banking Information**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Officer Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Type of Acct: \_\_\_\_\_

I Herby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

**D. References (please provide 3 references)**

Name

Contact

Address

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I fully understand and agree to the gotügo, LLC terms of payment. I certify that all information on this form is correct. Gotügo, LLC. Is hereby authorized to obtain any necessary credit information regarding the accounts of the companies (to include ban accounts) listed above.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date