



Gateway Fund Raising Services, Inc

Credit Application

1130 N. Nimitz Hwy. Suite B181 Honolulu HI 96817
Phone (808) 521-3863 FAX (808) 537-1043

All information, and two signatures, are required for credit consideration.

NAME OF ORGANIZATION	
NAME:	PHONE:
ADDRESS:	FAX:
EMAIL ADDRESS:	FEDERAL TAX ID#:

PRESIDENT OR PRINCIPAL	
NAME:	HOME PHONE:
HOME ADDRESS:	CELL PHONE:
EMAIL ADDRESS:	SOCIAL SECURITY#:

TREASURER OR BOOKKEEPER	
NAME:	HOME PHONE:
HOME ADDRESS:	CELL PHONE:
EMAIL ADDRESS:	SOCIAL SECURITY#:

FUNDRAISING COORDINATOR	
NAME:	HOME PHONE:
HOME ADDRESS:	CELL PHONE:
EMAIL ADDRESS:	SOCIAL SECURITY#:

CREDIT CARD INFORMATION REQUIRED FOR SECURITY PURPOSES			
TYPE OF CREDIT CARD:	CARD NUMBER:	3 DIGIT SECURITY CODE	
NAME ON CARD:	CREDIT CARD BILLING ADDRESS	ZIP CODE	
PHONE NUMBER:	CELL PHONE NUMBER:	DRIVERS LICENCE #:	EXPIRATION DATE:

As representative of the above organization, I/we hereby agree to do a fund raiser with Gateway Fund Raising Services commencing on or by _____. I/we do accept full financial responsibility for products received from Gateway Fund Raising Services invoices and due and payable as soon as enough product is sold to satisfy the invoice but not later than 30 days from the date of delivery. The undersigned, whether as an officer of the organization or as an individual, authorizes Gateway Fund Raising Services to draw a personal consumer credit report(s) to assist us in evaluating credit worthiness.

Name: _____ Signature: _____ Date: _____
 Pres. Treas. FR Coordinator

Name: _____ Signature: _____ Date: _____
 Pres. Treas. FR Coordinator

Sales Representative Name: _____ ID #: _____ Phone #: _____
