

CREDIT APPLICATION

Date _____

Company Name _____ Phone _____

Street Address _____ Fax _____

Mailing Address _____ E-mail _____

City & State _____ Zip _____ Established _____

This business is a _____ Sole Proprietorship _____ Partnership _____ Corporation

Please supply member# JBT _____ ASI _____ D&B _____

THE OWNER, OR, IF CORPORATION, THE OFFICER IS:

Name	Title	Address	Telephone
_____	_____	_____	_____

TRADE SUPPLIER REFERENCES:

Supplier #1 Name _____ Phone _____

Address _____ Fax _____

City/State _____ Zip _____

Supplier #2 Name _____ Phone _____

Address _____ Fax _____

City/State _____ Zip _____

Supplier #3 Name _____ Phone _____

Address _____ Fax _____

City/State _____ Zip _____

CREDIT AGREEMENT: NET 30 DAYS

It is understood by the parties hereto that the information provided on this credit application is for the purposes of establishing an open line of business credit for use and benefit of the applicant. In consideration for the extension of such an account, the applicant agrees to pay the account promptly at the time it becomes due. In the event that account becomes past due, the applicant agrees to pay reasonable costs associated with collecting the account including court and reasonable attorney fees.

THE INFORMATION SUBMITTED ABOVE IS COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature _____ Title _____

PROVIDING FAX NUMBER & E-MAIL WILL EXPEDITE THE APPROVAL PROCESS. THANK YOU!

If you have any questions regarding this application or status of an open account, please contact our credit department at ext. 235.