

## **CREDIT APPLICATION**

Please complete the application below by filling in the fields. Email the completed form to <a href="mailto:jcuico@jcssupply.com">jcuico@jcssupply.com</a> or <a href="mailto:jcuico@jcssupply.com">jcuico@jcssupply.com</a>.

APPLICANT COMPANY INFORMATION			
Company Name:			
Address:			
City:	State:	Zip:	
Phone:		Fax:	
President/CEO: A/P Contact:			
Principal Owner Name (if not Pres/CEO):			
Principal Owner Home Address:			
Applicant Firm is: Corporation Partnership LLC Proprietorship			
Federal Tax ID # or Social Security # if a proprietorship:			
Corporation or LLC Formed: State of Incorporation:			
BANK REFERENCE			
Bank:			
Address:			
City:	Sta	ite:	Zip:
Phone:	Contact:	Acc	count #:
CREDIT REFERENCES			
Company: Account #:			
Address:	T:	recount π.	
City:	State:	Zip:	
Phone:	Fax:	Contact:	
Company:	Account #:		
Address:			
City:	State:	Zip:	
Phone:	Fax:	Contact:	
Company: Account #:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	Contact:	
CREDIT TERMS AND CONDITIONS			
Applicant warrants that the above information is true and accurate. I/we hereby authorize JC's Supply, Inc. to contact the references to investigate Applicant's credit and financial responsibility.			
Authorized Signature	e: X	Print Name:	Date: