

Jewel-Craft, Inc.

APPLICATION FOR CREDIT



If you would prefer to pay by credit card, please fill out the below contact info, sign & date the agreement at the bottom of this page. There is an additional form attached for your credit card information, or feel free to contact the Accounting Department.

BUSINESS CONTACT INFORMATION

Company Name _____

Date _____

Contact Name _____

SOLE PROPRIETORSHIP

Phone/Fax _____

PARTNERSHIP

Email _____

CORPORATION

Registered Company Address (City, State, Zip Code) _____

OTHER

BUSINESS & CREDIT INFORMATION

Bank Name _____

JBT # _____

Bank Address (City, State, Zip Code) _____

DUNS # _____

Phone _____

Federal ID # _____

Fax _____

Account # _____

Email _____

Type Of Account

SAVINGS CHECKING OTHER

BUSINESS & TRADE REFERENCES

Company Name _____ **Phone** _____

Company Address *(City, State, Zip Code)* _____ **Fax** _____

_____ **Email** _____

Account # _____ **Other** _____

Company Name _____ **Phone** _____

Company Address *(City, State, Zip Code)* _____ **Fax** _____

_____ **Email** _____

Account # _____ **Other** _____

Company Name _____ **Phone** _____

Company Address *(City, State, Zip Code)* _____ **Fax** _____

_____ **Email** _____

Account # _____ **Other** _____

AGREEMENT

1. By submitting this application, you authorize JC Inc. to make inquiries into the banking and business/ trade references that you have supplied.
2. JCI Term are Net 15 Days following date of statement if Credit is extended.
3. Past due accounts will be charged 2% finance charge on any outstanding invoice.
4. It is understood that all information will be kept confidential.

Signature _____ **Date** _____