CREDIT APPLICATION

DATE: / /

COMPANY:	PHONE: ( )
ADDRESS:	FAX: ( )
CITY:	CELL: ( )
STATE: ZIP:	E-MAIL: @
RESALE TAX#: TAX ID:	WEBSITE:

PLEASE CHECK ONE OF THE FOLLOWING:

☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ LLC

YEARS IN BUSINESS: MONTHLY CREDIT LINE REQUESTED:

HAVE YOU OR ANY OF THE PRINCIPLES IN YOUR COMPANY EVER CLAIMED BANKRUPTCY? ☐ YES ☐ NO IF YES, WHAT YEAR? _____

PLEASE LIST ANY SUBSIDIARIES, AFFILIATES, PARENT COMPANIES OR DBA:

_____

_____

NAME OR TITLE OF PERSONS AUTHORIZED TO ACT ON YOUR COMPANY'S BEHALF:

_____

_____

BANK REFERENCE

BANK NAME:	PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:
ACCOUNT#	CONTACT:		
ACCOUNT#	CONTACT:		

TRADE REFERENCES

NAME:	PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:
NAME:	PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:
NAME:	PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:

I hereby authorize Jescraft to whom this application is made to make their customary credit inquiry on the above listed trade and bank references and release any information desired by Jescraft. The undersigned agrees that all credit extended shall be deemed subject to the payment terms of Net 30. By signing below I ceritfy that all information is true and correct.

_____ _____

AUTHORIZED SIGNATURE DATE

_____ _____

PRINT NAME TITLE

OFFICE USE ONLY

CREDIT LIMIT: _____ APPROVED BY: _____ DATE: _____

www.jescraft.com
(800) 524-1142