



BUSINESS CREDIT APPLICATION

PLEASE MAIL OR FAX TO:

Jones & Sons, Inc.
Attn: Susan Orr, Credit Manager
P.O. Box 671
Vincennes, IN 47591
Fax: 812-886-0308

YOU MUST PROVIDE A FEDERAL TAX I.D. NUMBER OR A SOCIAL SECURITY NUMBER ON THIS APPLICATION

Company Name: _____ Tax# or SS# _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No: _____ Cell Phone: _____ Fax: _____
Email Address: _____ Date Bus. Est. _____

How would you like to receive your statements? (Circle One): **Email** or **Standard Mail**
Would you like to receive an email copy of your daily invoices? (Circle One): **Yes** or **No**

Name of two officers of the company and their title:

1. _____
2. _____

Reason for applying for credit with Jones and Sons:

Which Jones & Sons location do you plan on doing most of your business?

Bloomfield Terre Haute Vincennes Washington

Are purchase order numbers required? _____

Credit Limit Requested: _____

Bank Name and Account Number: _____

List three credit references with phone numbers:

1. _____
2. _____
3. _____

Term: Net 30(30 days from invoice date). All accounts that are 60 days past due may be place on COD or Credit Hold until the account is brought within terms.

All purchases are subject to Mechanic's lien if not paid within 60 days of last delivery to job.

All purchases past 60 days are subject to finance charge of 1 ½ % per month, which is an annual percentage rate of 18%, together with all expenses associated with the collection of the account, including without limitation reasonable attorney fees. I understand the terms and agree to abide by them.

I give Jones and Sons permission to release all and any information regarding our credit including obtaining information from the Consumer Credit Report Agency. I am also aware that all information supplied will be held in the strictest confidence and used only by Jones and Sons Credit Department for the purpose of establishing credit in my/our name.

Applicant Signature: _____ Co-Applicant: _____

Please Print Name: _____ Co-Applicant SS#: _____

Date of Application: _____

IF YOU ARE TAX EXEMPT PLEASE REQUEST A TAX EXEMPT FORM TO BE FILLED OUT.