



**INDIVIDUAL 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 SOCIAL SECURITY NUMBER ON THIS APPLICATION**

Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
DOB: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**

Co-Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_  
DOB: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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 placed 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.**