

# JB Cutting, Inc. New Account Form



Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

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## Customer Information

Company Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Date Established: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*ONLY complete Shipping Information if different than Billing*

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Key Contacts

### Accounts Payable

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Purchasing Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## Transaction Details

Planned Frequency of Business:     Weekly     Monthly     Yearly

**Michigan Only:** If you're Tax Exempt, please send in Form 3372, Michigan Sales and Use Tax Certificate of Exemption. Non-Tax-Exempt companies will be charged appropriate taxes.

*Please review and select from the drop down menus below.*

**Do you have a loading dock?**

**Is a liftgate service required?**

**Do you have a forklift?**

**Is inside delivery required?**

**Shipping Method:**

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## Payment Method

If you are looking for credit, continue to next page. If you prefer to pay by Credit Card this form is complete. Please complete Credit Card Payment Form.

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**Credit Application**

**Amount of credit desired:** \_\_\_\_\_

*Please provide us with 3 Trade References.*

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

*Please provide us with 2 Bank References.*

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_

Has the firm or any of its principles ever been bankrupt?                Yes                        No

If yes, explain:

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 30). In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that they have the authority to execute this credit agreement on behalf of the business identified.

**Name of Business:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Printed Name/Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_