JB Cutting, Inc. New Account Form



Submitted by:				_	Date:			
<u>Customer Information</u>								
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	<u> </u>	_Zip Code	:	
	Phone:			_ Email	i			
Market Type:								
Key Contacts								
Accounts Payable				Purchasing Contact				
Name: Phone:								
Email:								
<u>Other Contact</u>						ther Con		
Name:								
Phone:				Phone:				
Email: Email: Transaction Details								
Planned Frequency o	of Rusinass		Weekly		Monthly		Yearly	
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	ı have a loadin	g dock?						
Is a lift _i								
Ε								
ls ins	ide delivery re	quired?						

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.

Amount of credit desired: Please provide us with 3 Trade References. Address: ______ Phone Number: Email: _____ Address: _____ Phone Number: ____ Address: Phone Number: _____ Email: Please provide us with 2 Bank References. Address: _____ Account Number: Address: ____ Account Number: 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:

Credit Application