

**Janitorial  
CREDIT APPLICATION**



47422 Kato Road • Fremont CA 94538-7319 • Phone: 510 413 4700 • Fax: 510 413 4757

Date \_\_\_\_\_ Phone \_\_\_\_\_ Sales Rep Name \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

I/We should like to apply for an OPEN ACCOUNT  or COD ACCOUNT  CREDIT LINE REQUESTED \$ \_\_\_\_\_

COMPANY NAME	PRINCIPAL NATURE OF BUSINESS
BILLING ADDRESS (number, street or PO Box)	SHIPPING ADDRESS (number & street) same as billing address <input type="checkbox"/>
CITY, STATE AND ZIP CODE	CITY, STATE AND ZIP CODE

How many years in business? LESS THAN 1  1  2   
3  4  5

FORM OF BUSINESS ORGANIZATION  
(A)  Sole Proprietorship (B)  Partnership (C)  Corporation

<b>Fill in if A or B</b>	OWNERS – PARTNER’S NAME	RESIDENCE ADDRESS (Domestic)	PHONE
	SOCIAL SECURITY NUMBER		
	PARTNER INFORMATION	RESIDENCE ADDRESS (Domestic)	PHONE
	SOCIAL SECURITY NUMBER		
	PARTNER INFORMATION	RESIDENCE ADDRESS (Domestic)	PHONE
	SOCIAL SECURITY NUMBER		

<b>Fill in if C</b>	STATE IN WHICH INCORPORATED	DATE OF INCORPORATION	PHONE
	PRESIDENT	VICE PRESIDENT	
	SECRETARY	TREASURER	

Will you be purchasing from us for Resale? Yes  No  County in which you are taxed \_\_\_\_\_  
I/We understand that we are liable for all taxes charged on purchases until a valid resale permit is received by JC PAPER.

**CREDIT REFERENCES – I/WE HAVE ACCOUNTS AT THE BANKS LISTED BELOW**

BANK NAME	ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT

**CREDIT HAS BEEN ESTABLISHED AT THE FOLLOWING**

NAME OF FIRM	ACCOUNT NUMBER	ADDRESS	PHONE

I/We agree to pay our account NET 30 days after invoice date. If not paid in accordance with these terms, the entire unpaid amount is considered past due. Balance not received within these terms, are subject to service charge of 1.67% per month (20% annual percentage rate). In the event suit is filed to enforce payment reasonable court cost and attorney fees will be collected.

I/We authorize the above named Banks and Companies to release any information requested by JC PAPER, as to our credit worthiness.

SIGNATURE OF OWNER/PARTNER OR OFFICER	SIGNATURE OF PARTNER/OFFICER	DATE
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Failure to complete requested information may result in delay and inconvenience.