

400 Medinah Road  
Roselle, IL 60172  
1-800-556-6366

Jon-Don appreciates the opportunity to supply you with its products. In order to avoid delays in shipments or the need to ship products C.O.D., Jon-Don will extend credit terms of net 30 days to qualified customers. If you wish to open a 30 Day Account, simply complete this application form and return it to our office. Until approval is received, all purchases will be shipped C.O.D., Visa, MasterCard or Discover. Shipments made C.O.D. to you are not an inconvenience to us, we are just making Open Credit available to you.

**Note: Credit applications NOT COMPLETED in full and signed will be RETURNED UNPROCESSED.**

### COMPANY INFORMATION:

Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
Type of Business: \_\_\_\_\_ FEIN Number: \_\_\_\_\_  
Year Company Established: \_\_\_\_\_ Tax Exempt Number: \_\_\_\_\_  
Resale Number (Please Furnish Copy of Certificate): \_\_\_\_\_ D-U-N-S# \_\_\_\_\_

### OWNER(S)/OFFICER(S) INFORMATION:

Circle one of the Following:                      CORPORATION                      PARTNERSHIP                      PROPRIETORSHIP

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Years Under Current Management: \_\_\_\_\_

### TRADE REFERENCES (COMPANIES THAT EXTEND YOU NET TERMS):

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

### BANK REFERENCE:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Account Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**PLEASE FAX BACK APPLICATION TO 630-893-5842**

**APPLICANT MUST READ AND SIGN**

I hereby certify that I am duly authorized to make this application and allow verification of the above information. I guarantee payment of all bills when due, and acknowledge a delinquency assessment at the maximum allowable interest rate by law until paid; and in the event the account is placed with an attorney for collection or suit of the same is collected through probate or bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorneys fees. It is understood and agreed that any checks returned to us by your bank shall be charged a service fee; that any account with an N.S.F. check shall be placed on a C.O.D. cash only basis for a probationary period determined by the Credit Department. This guarantee shall be continuing, absolute and unconditional, and shall remain in full force and effect until written notice of its discontinuance is sent by certified or registered mail, return receipt requested and actually received by Jon-Don and until any and all indebtedness existing before receipt of such notice shall be fully paid.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_