

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 agreement form and return it to our office. Until approval is received, all purchases will be shipped C.O.D., Visa, MasterCard, American Express, or Discover.

**Note: Credit agreements with FRONT AND BACK pages FULLY COMPLETED and SIGNED will EXPEDITE PROCESSING!**

**COMPANY INFORMATION:**

Choose **ONE** of the following:      Corporation      Partnership      Proprietorship      LLC      Today's Date: \_\_\_\_\_

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

Street Address (Line 1): \_\_\_\_\_ Street Address (Line 2): \_\_\_\_\_

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

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

FEIN Number: \_\_\_\_\_ Tax Exempt Number: \_\_\_\_\_

Resale Number (Please Furnish Copy of Certificate): \_\_\_\_\_ D-U-N-S® Number: \_\_\_\_\_

Expected Monthly Purchases: \$ \_\_\_\_\_ Purchase Order Required?    YES      NO

Years Under Current Management: \_\_\_\_\_ Years Company Established: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN#: \_\_\_\_\_

Street Address (Line 1): \_\_\_\_\_ Street Address (Line 2): \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN#: \_\_\_\_\_

Street Address (Line 1): \_\_\_\_\_ Street Address (Line 2): \_\_\_\_\_

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

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

**TRADE REFERENCES (COMPANIES THAT CURRENTLY EXTEND YOU NET TERMS):**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address (Line 1): \_\_\_\_\_ Street Address (Line 2): \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address (Line 1): \_\_\_\_\_ Street Address (Line 2): \_\_\_\_\_

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

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

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address (Line 1): \_\_\_\_\_ Street Address (Line 2): \_\_\_\_\_

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

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

Contact: \_\_\_\_\_

