

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

CREDIT AGREEMENT

CUSTOMER ID:

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 (Applicant):				DBA:	
Street Address (Line 1):				Street Address (Line 2):	
City:				State:	Zip Code:
Phone:			Fax:		
FEIN Number:			Tax Exempt Nu	umber:	
Resale Number (Please Furnish Copy of Ce	rtificate):			D-U-N-S® Number:	
Expected Monthly Purchases: \$				Purchase Order Required	1? YES NO
Years Under Current Management:			Years Compan	y Established:	
Accounts Payable Contact Name:			Email:		Phone:
OWNER(S)/OFFICER(S) INFO	RMATION:				
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 (COMPA	ANIES THAT CU	JRRENTLY EX	TEND YOU NET	TERMS):	
Name:				Account Number:	
Street Address (Line 1):				Street Address (Line 2):	
City:					Zip Code:
Phone:	Fax:				·
Name:				Account Number:	
Street Address (Line 1):					
City:				State:	Zip Code:
Phone:	Fax:			Email:	
BANK REFERENCE:					
Bank Name:				Account Number:	
Street Address (Line 1):					
City:					Zip Code:
Phone:					21p couc
Contact:					

PLEASE FAX BACK BOTH PAGES OF COMPLETED AGREEMENT TO 630-893-5842 OR EMAIL TO creditdpt@jondon.com

PAYMENT TERMS:

Applicant's signature attests financial responsibility, ability, and willingness to pay all invoices in accordance with the payment terms as indicated on each invoice.

Applicant agrees to pay a Late Payment Fee of 1.5% per month (18% annually) on all past due invoices.

Applicant agrees to pay a Returned Check Fee of \$25.00 for any check or ACH payment that is returned or declined for any reason by the Applicant's financial institution.

The information on this Agreement is for the purpose of attaining credit and is warranted to be true. I/We understand that approval for credit is based on a complete review of all information submitted and I/we authorize and release approval for you to investigate all bank and trade references. The undersigned officer warrants that he or she is authorized to execute this application. The parties agree a facsimile copy of signature is the same as original.

In the event that we are forced to use an outside collection agency and / or law firm for collections, it is understood and agreed to that up to 15% of the principal amount of the claim will be added as collection fees / attorney fees.

In the event that we are forced to file a lawsuit to collect the unpaid balance, it is understood and agreed to that you will be liable for all court costs whether judgment has been entered or not.

SECURITY INTEREST:

Applicant grants to Jon-Don, LLC (Jon-Don) a security interest (as collateral) in any and all goods purchased pursuant to this Credit Agreement to secure the payment of Applicant's obligation to Jon-Don under this Agreement. Applicant also grants a security interest in any and all goods, equipment, or proceeds, including but not limited to letter-of-credit rights and accounts receivable, arising from or related to the goods purchased in this Agreement to secure payment of Applicant's obligation to Jon-Don under this Agreement. Applicant also grants security interest in any and all goods purchased pursuant to this Credit Agreement to the terms of this Agreement, to secure the payment of Applicant's obligation to Jon-Don under this Agreement.

SIGNATURE(S) REQUIRED BELOW:

SIGNATURE	NAME (Please Print)	TITLE	DATE
SIGNATURE	NAME (Please Print)	TITLE	DATE

PERSONAL GUARANTEE & CONSUMER CREDIT AUTHORIZATION:

For good and valuable consideration, I *(guarantor name)* ("Guarantor") agree to personally assume all liabilities, present and future contracted to herein including but not limited to: all open account sales, all written and verbal contracts secured and unsecured and any other sales transaction for the duration of the Applicant's business relationship with Jon-Don, LLC The **Guarantor** acknowledges that this Guarantee is a Guarantee of Payment, and the **Guarantor's** obligations under this Guarantee are and shall at all times continue to be absolute and unconditional in all respects, and shall at times be valid and enforceable irrespective of any other agreements or circumstances of any nature whatsoever which might otherwise constitute a defense to this Guarantee and the obligations of the **Guarantor** under this Guarantee of the obligations of any other person or party (including, without limitation, the Applicant) relating to this Guarantee or the obligations of the **Guarantor** hereunder. It is understood that this is a personal guaranty and not a corporate guaranty. The "Payment Terms" established above for this Credit Agreement are hereby incorporated into this personal guarantee, and I agree to be bound by the terms set forth therein.

The undersigned hereby consent(s) to Jon-Don LLC's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Jon-Don, LLC and its agents to utilize a consumer credit report on the undersigned as an individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

SIGNATURE(S) REQUIRED BELOW:

SIGNATURE	NAME (Please Print)	TITLE	DATE



800-556-6366 WWW.JONDON.COM

