



CREDIT APPLICATION

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PLEASE CHECK IF YOU HAVE A PENDING ORDER

COMPANY INFORMATION:

NAME OF BUSINESS: _____
ADDRESS : _____
CITY/STATE/ZIP _____
EMAIL ADDRESS _____
YEAR BUSINESS ESTABLISHED: _____
TELEPHONE WITH AREA CODE: _____ FAX: _____
NAME OF FIRM PRINICIPALS: _____

JBT MEMBER NUMBER _____

BANK REFERENCE:

BANK NAME: _____
ADDRESS _____

ACCOUNT NUMBER: _____
ACCOUNT TYPE: _____

TRADE REFERENCES:

1. COMPANY: _____
ADDRESS: _____

TELEPHONE: _____ FAX: _____

2. COMPANY: _____
ADDRESS: _____

TELEPHONE: _____ FAX: _____

3. COMPANY: _____
ADDRESS: _____

TELEPHONE: _____ FAX: _____

All information must be filled out completely