



CREDIT APPLICATION

JC SMITH INC
345 PEAT STREET SYRACUSE NY 13210
TEL: 800-272-3535 FAX: 315-428-9841

BUSINESS CONTACT INFORMATION

Trade Name:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

LIST PRINCIPAL OWNER OR TITLES

FULL NAME	TITLE	RESIDENT	SOC SEC	PHONE

Bank Name:

Bank Address:

Phone:

Fax:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

PO # REQUIRED: YES NO

JOB # REQUIRED: YES NO

Rental Insurance: YES NO If Yes, Name of Agent:

AGREEMENT

WE HEREBY APPLY FOR CREDIT TO JC SMITH INC. WE UNDERSTAND THAT THE TERMS OF SALE REQUIRE PAYMENT WITHIN 30 DAYS AND AGREE THAT IF OUR ACCOUNT IS NOT PAID WITHIN 60 DAYS, JC SMITH INC WILL ADD SERVICE CHARGE OF 1-1/2% PER MONTH ON THAT PORTION OF THE ACCOUNT OVER 60 DAYS. IF ACCOUNT BECOMES DELINQUENT AND PLACE FOR COLLECTION, COLLECTION/ATTORNEY FEES OF 33.3% WILL BE ADDED.

PERSONAL GUARANTEE SIGNATURE:

IN CASE OF DEFAULT, WE/I JOINTLY AND SEVERALLY PERSONAL GUARANTEE THE ACCOUNT OF: _____ AND WILL PAY BESIDES THE PRINCIPAL A SUM EQUAL TO 33.3% THEROF, PLUS DISBURSMENTS AND COURT COSTS IF THIS ACCOUNT IS PLACE FOR COLLECTION OR SUIT WITH A COLLECTION AGENCY OR AN ATTORNEY.

SIGNATURE:

DATE:

PLEASE SPECIFY YOUR WORK IN N.Y.S:

SLSMN#