



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 30 DAYS, JC SMITH INC WILL ADD SERVICE CHARGE OF 1-1/2% PER MONTH ON THAT PORTION OF THE ACCOUNT OVER 30 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# _____	