



SmartJan Credit Application

COMPANY NAME _____ FEDERAL TAX ID# _____

ADDRESS _____ PHONE _____ FAX _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

NAME OF OWNER (S) _____

SOCIAL SECURITY # _____ DRIVER LIC # _____ DOB _____

BANK NAME _____ ACCOUNT # _____

BANK ADDRESS _____ PHONE # _____

TRADE REFERENCES:

FAX _____

NAME _____ PHONE _____

ADDRESS _____

FAX _____

NAME _____ PHONE _____

ADDRESS _____

FAX _____

NAME _____ PHONE _____

ADDRESS _____

BY YOUR SIGNATURE BELOW, YOU AGREE TO BE BOUND BY THE FOLLOWING CREDIT TERMS ON ALL INVOICES ISSUED ON OR AFTER THIS DATE.

All invoices are due and payable not more than thirty (30) days from their respective dates. Any unpaid amounts shall bear interest at the rate of 1.5% per month (18% annual percentage rate) from the thirtieth day following their respective dates. Title to any goods sold shall remain vested in the sellers until such goods shall have been paid in full. Should sellers find it necessary to engage others to collect past due moneys from the undersigned or his company, the undersigned agrees that he or his company will pay all costs of collection, including attorney's fees and court costs, both at trial and upon appeal. Returned check fee is \$25.00.

Authorization to Release Information: As part of the application process, I/We authorize SmartJan to verify any information contained in my application or other documents in connection with the credit application process. Such information includes but is not limited to bank account balance and credit history.

EXECUTED AT _____ DATE _____

AUTHORIZED SIGNATURE _____ TITLE _____