

# JACKIE FOSTER INC. CREDIT APPLICATION

## NAME/ADDRESSES (\*required)

Last :	First:	MI:	Title:
Name of Business:		Fed ID# or Social Security#:	
Address:			
City:	State:	Zip:	Phone:

## COMPANY INFORMATION

Type of Business:		In Business Since:		
Individual/Sole Proprietor:	Corporation:	Partnership:	Limited Liability Co:	Other:
If Division/Subsidiary, Name of Parent Company:				
Name of Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	Zip:	
Name of Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	Zip:	

## BANK REFERENCES

Bank:			
Address:	City:	State:	Zip:
Contact Name:		Phone:	
Account #:			

## TRADE REFERENCES

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance	Current Balance	Current Balance

Our terms are Net 30 days from the date of invoice. We charge a finance charge in the amount of 1-1/2% per month on balances past 30 days. By submitting this online application, you are certifying that all the information on this form is correct and that you fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company or individual for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date