JANISAN CONFIDENTIAL CREDIT APPLICATION

Janisan, Inc. **915 North 1200 West** **Layton, Utah 84041**
Telephone: Offices(801) 444-3446 or Toll-Free(888) 526-4726 – Fax: (801) 444-4376

PLEASE PRINT CLEARLY

Company Name:		**Division or Subsidiary of:**	
Billing Address:	**City:**	**State:**	**Zip:**
Shipping Address:	**City:**	**State:**	**Zip:**
Telephone: ( )	**Fax:** ( )	**Time in business under present ownership:**	
E-mail address:			
Type of Business: ____		**Type of Entity:** ___Proprietorship ___Partnership ____Corporation ___Other	
Federal ID#:	**Resale# (if required):**	**D&B Rating:**	**Duns#:**

Owners/President/Chief Financial Officer

Name	Title

Three Suppliers Currently Extending Credit

Name	City, State, Zip	Telephone	Fax (required)
1.			
2.			
3.			

Banking References (Main Office and/or Branch)

Name	Address, City, State, Zip	Telephone	Fax (required)
Bank Account #:			

Credit Line Requested (required): $_____ **Estimated Monthly Purchases:**$_____

Terms of Sale: Upon granting credit, payment is due within 30 days of invoice date. **Payable only in U.S. funds**. Overdue accounts will be subject to 2% per month service charge. **JANISAN** reserves the right to collect reasonable legal and filing fees, court costs and any other expenses that they may incur in order to collect an account that must be placed with a third party.

I authorize JANISAN to check our credit status with any of the references listed on this application.

Signature of responsible party (required): _____Title:_____

PLEASE PRINT NAME:_____

Date:_____

FOR JANISAN TO PROCESS YOUR APPLICATION PROMPTLY, PLEASE COMPLETE ENTIRE FORM, RETURN TO CREDIT DEPT. creditdept@janisan.com with inquiries or call us at (801)444-3446.

FOR JANISAN INTERNAL USE ONLY
(once approval has been confirmed, we will notify you by returning this application back to you by fax, with this section completed)

TERM/LINE OF CREDIT APPROVED:_____ **APPROVED BY:**_____
DATE:_____ **ACCT. NO.:**_____ **SALES REP:**_____