



JANSEN

ORNAMENTAL SUPPLY CO.

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www.jansensupply.com

OFFICE USE ONLY

Customer #	
Date Rec'vd	
Credit Limit	

CREDIT APPLICATION

Please print or type. Fill out completely.

Company Name: _____ Phone: () _____
 Ship to address: _____ Fax: () _____
 City: _____ State: _____ Zip: _____
 Bill to address: _____ Phone: () _____
 City: _____ State: _____ Zip: _____ Fax: () _____

How long have you owned the company? _____ • Corporation • Partnership • Proprietorship

Owner(s)

Principal: _____ Phone: () _____
 Home address: _____ Fax: () _____
 City: _____ State: _____ Zip: _____
 Principal: _____
 Home address: _____ Phone: () _____
 City: _____ State: _____ Zip: _____ Fax: () _____

How many employees? _____ What type of business? _____

Please list active accounts only. By listing their names, you authorize us to contact them for the purpose of obtaining your credit

1	Company Name: _____ Phone: () _____ Address: _____ Fax: () _____ City: _____ State: _____ Zip: _____ Type of merchandise purchased: _____
2	Company Name: _____ Phone: () _____ Address: _____ Fax: () _____ City: _____ State: _____ Zip: _____ Type of merchandise purchased: _____
3	Company Name: _____ Phone: () _____ Address: _____ Fax: () _____ City: _____ State: _____ Zip: _____ Type of merchandise purchased: _____
4	Company Name: _____ Phone: () _____ Address: _____ Fax: () _____ City: _____ State: _____ Zip: _____ Type of merchandise purchased: _____

Name of Bank: _____ Account#: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Type of Account: _____

The information and statements in this application are true and complete, and made for the purpose of including you to establish an open account line of credit. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements in this application. In consideration of, and in order to induce you to establish an open account line of credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with your terms of sale. If at any time, for any reason, the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account interest computed at the legal rate of 2% per month any past due amount owing on my/our account. In the event it becomes necessary for your company to incur collection costs or institute suit to collect any amount due under this agreement or portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses including reasonable attorney's fees if the account is placed in the hands of an attorney for collection.

Signature: _____ Date: _____

Signature: _____ Date: _____