

JADCO Manufacturing, Inc

167 Evergreen Mill Road Harmony, PA 16037 (PO Box 465 Zelienople, PA 16063)
Phone: 724-452-5252 Fax: 724- 452-1318

CREDIT APPLICATION

Name of Company / Corporation: _____

Address (Bill To): _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Fax: _____

Address (Ship To): _____

City: _____ State: _____ Zip: _____

Number of years in Business: _____

Description of Business: _____

Parent Company (If Applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Bank: _____ Telephone No: _____

City: _____ State: _____

TRADE REFERENCES

1. _____
Name Address Fax
 2. _____
Name Address Fax
 3. _____
Name Address Fax
-

ANTICIPATED ANNUAL PURCHASES: \$ _____

Customer Contact: _____ Phone: _____

The applicant authorizes JADCO, Inc. to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done business with to give any and all information to JADCO, Inc, which will assist JADCO, Inc in the credit investigation. The applicant further authorizes JADCO, Inc. to reinvestigate the applicant's credit status from time to time as JADCO, Inc. deems necessary. Should JADCO, Inc., upon investigation, deem it necessary to limit or terminate the credit arrangement with the applicant, JADCO, Inc. shall do so.

The undersigned further agrees that should credit be extended and in the event the undersigned defaults in its credit arrangement with JADCO, Inc., the undersigned agrees to pay reasonable collection and attorney fees.

Applicant's Name: _____

Signature: _____

Title: _____

Date: _____