JANISAN CONFIDENTIAL CREDIT APPLICATION

Janisan, Inc	. 915 North 1200 West	Layton, Utah 84041
Telephone:	Offices(801) 444-3446 or Toll-Free(888) 526-472	6 – Fax: (801) 444-4376

	PLEASE PRI	NT CLEARLY	
Company Name:	Division or Subsidiary of:		
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Telephone:	Fax:	Time in busines	s 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/Ch	nief Financial Office	r
Namo	9	Title	
	hree Suppliers Curre	ently Extending Cred	dit
Name	City, State, Zip		Fax (required)
1.			
2.			
3.			
Ban	king References (Ma	ain Office and/or Bra	nnch)
Name	Address, City, State, Z	ip Telephon	e Fax (required)
Bank Account #:			
Credit Line Requested (required): \$	Estimated Monthly Purch	ases:\$
Terms of Sale: Upon granting creater will be subject to 2% per month se and any other expenses that they r	dit, payment is due within 30 days rvice charge. JANISAN reserves	of invoice date. Payable only in the right to collect reasonable le	in U.S. funds. Overdue accounts egal and filing fees, court costs
I authorize JANISAN to check our	credit status with any of the refere	ences listed on this application.	
Signature of responsible par	ty (required):	Title:	
PLEASE PRI Date:	NT NAME:		
		PLEASE COMPLETE ENTIRE	FORM, RETURN TO CREDIT DEP
(once approval has been confirm	FOR JANISAN INTERN med, we will notify you by returnin		fax, with this section completed)
TERM/LINE OF CREDIT APPRO	VED:	APPROVED BY:	
DATE:	ACCT. NO.:	SALES F	REP: