



Bil-Jax Inc  
 125 Taylor Parkway Archbold, OH 43502  
 Phone (1) 419-445-8915 Fax (1) 419-445-0367  
 Email: biljaxcredit@biljax.com

**APPLICATION FOR CREDIT**

<b>COMPANY INFORMATION</b>	Company Name			Type of Business ( <i>Circle One</i> ) <u>Proprietorship</u> <u>Partnership</u> <u>Corporation</u> <u>LLC</u>			
	Address			Tax Payer ID Number ( <b>attach tax exempt form if applicable</b> )			
	City	State	Zip	Date of Incorporation			
	Phone Number		DNB Number		Primary Email Address		
	AP Contact Name			Email address for invoices			
<b>BANK REFERENCE</b>	Bank Name		Contact Name		Phone No.		
	Address				Fax No.		
	City	State	Zip	Email Address			
	Account Number(s)						
<b>TRADE REFERENCES</b>	Company Name			Company Name			
	Address			Address			
	City	State	Zip	City	State	Zip	
	Phone Number		Fax Number		Phone Number		Fax Number
	Primary Contact Name			Primary Contact Name			
	Company Name			Company Name			
	Address			Address			
	City	State	Zip	City	State	Zip	
	Phone Number		Fax Number		Phone Number		Fax Number
	Primary Contact Name			Primary Contact Name			

Standard sale terms are Net 30 calculated from invoice date. There will be a FINANCE CHARGE of 1-1/2% on the unpaid balance after 30 days. Said rate of 1-1/2% per month is equal to an ANNUAL PERCENTAGE RATE OF 18%. Deductions from payments for any reason will not be allowed. Applicant will pay such costs, collection agency commissions, expenses and reasonable attorney fees as may incur in any manner of collection of any sums past due. NSF charge of \$35.00 will be applied for any returned payments.

I agree to the above terms and policies and authorize the above referenced firms to release any information to Bil-Jax Inc for credit approval.

\_\_\_\_\_  
 Signature of Applicant's Representative

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date