

## **APPLICATION FOR CREDIT**

Bil-Jax Inc 125 Taylor Parkway Archbold, OH 43502 Phone (1) 419-445-8915 Fax (1) 419-445-0367

Email: biljaxcredit@biljax.com

Z	Company Name			Type of Business (Circle One)			
COMPANY INFORMATION				<u>Proprietorship</u>	<u>Partnership</u>	Corporation	<u>LLC</u>
	Address			Tax Payer ID Number (attach tax exempt form if applicable)			
	City	State	Zip	Date of Incorpora	Date of Incorporation		
	Phone Number DNB Number		er	Primary Email Address			
	AP Contact Name			Email address for invoices			
BANK REFERENCE	Bank Name Contact Name			Phone No.			
	Address				Fax No.		
	City	State	Zip	Email Address			
BAN	Account Number(s)						
TRADE REFERENCES	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 am not Tax Exempt and agree to pay sales tax to Bil-Jax.  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	