



CREDIT APPLICATION FORM

Company Name: _____

Mailing Address: _____

Physical Location: _____

Telephone #: (____) _____ Fax #: (____) _____

Web Site: _____ E-mail: _____

Address for invoices (if different from above): _____

ATTENTION LINES FOR INVOICES:

Statements: _____

Freight Invoices: _____

Manufacturing Invoices: _____

Storage Invoices: _____

Accounts Payable Contact: _____

Accounts Payable Telephone #/ E-mail: _____

TIN (Federal Tax ID) or Social Security number: _____

D & B D.U.N.S. #: _____

Date business established (mm/dd/yyyy): _____

Number of employees: _____

TRADE REFERENCES

Company: _____ Company: _____

Contact: _____ Contact: _____

Fax # or E-mail: _____ Fax # or E-mail: _____

Company: _____ Company: _____

Contact: _____ Contact: _____

Fax # or E-mail: _____ Fax # or E-mail: _____

BANK REFERENCE

Bank: _____

Contact: _____

Telephone #: _____

Address: _____

Type of account: _____

Account #: _____

Authorized signature: _____ Date (mm/dd/yyyy): ___/___/___

Printed name: _____ Title: _____

Please return this form by fax to: (954) 476-0604

E-mail to: creditapp@ijndistribution.com

**or mail to: IJN Distribution
Attention: Office Manager
2180 SW 71st Terrace, Davie, FL 33317**

**Please contact Gerald Sharpe with any questions @ telephone # (954) 476-0406, or
via e-mail at: gerald@ijndistribution.com**

Thank you.