



CUSTOMER CREDIT INFORMATION

Company Name _____

Billing Address _____ City _____ State ____ Zip _____

Shipping Address _____ City _____ State ____ Zip _____

Phone () _____ Fax () _____

LIST ALL PRINCIPALS

Name	Title	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Business _____

Proprietorship ____ Partnership ____ Corporation ____ Incorporated in State of _____

OEM ____ LLC ____ No. Yrs. in Business _____

TRADE REFERENCES

Name _____
 Address _____
 City _____ State ____
 Zip _____ Phone () _____
 Fax () _____ E-Mail _____

Name _____
 Address _____
 City _____ State ____
 Zip _____ Phone () _____
 Fax () _____ E-Mail _____

Name _____
 Address _____
 City _____ State ____
 Zip _____ Phone () _____
 Fax () _____ E-Mail _____

Name _____
 Address _____
 City _____ State ____
 Zip _____ Phone () _____
 Fax () _____ E-Mail _____

BANK REFERENCES

Bank _____
 Address _____
 City _____ State ____
 Zip _____ Phone () _____
 Checking Account Number _____
 Loan Account Number _____

Bank _____
 Address _____
 City _____ State ____
 Zip _____ Phone () _____
 Checking Account Number _____
 Loan Account Number _____

BILLING INFORMATION

Billing Requirements (P.O., AFE, Job, Rig, Lease, etc.)

Authorized Buyers/Signers (Optional)

Your Account is: Taxable _____ *Non-Taxable _____ Farming Tax _____

*Please Include A Signed Resale Card

Resale No. _____

Contacts in Accounts Payable _____

Phone () _____ Fax () _____ E-Mail _____

Preferred Billing: Fax _____ E-Mail _____ Mail _____

Other Pertinent Information _____

AUTHORIZATION

I/We authorize the attached listed trade and bank references, upon verbal or written request by DAVID JANES COMPANY, to release such information requested relative to open accounts, notes, mortgages, and average deposit balances pertinent to the granting of credit by this application. *A consumer credit report may be performed on the principals of your company.*

AGREEMENT

I/We certify the above furnished information to be true and accurate. I/We are financially able to meet any commitments I/we may make and expect to pay invoices according to terms.

I/We hereby acknowledge your firm's policy of expecting me/us to take the necessary time to write a check each month for the purchases made in exchange for the courtesy of the charge convenience. *A 1½% service charge will be applied to any past due balance. Any account past due will automatically be placed on credit hold and remain so until past the due amount is paid in full. Accounts placed on hold may be reviewed for future credit privileges.*

I/We, the undersigned, hereby agree, in the event of default in the payment of any amount due and if this account is placed in the hands of an agency or attorneys for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

Guarantor's Signature

Title

Date

Guarantor's Signature

Title

Date

Guarantor's Signature

Title

Date

Guarantor's Signature

Title

Date