

James Alexander Corporation

845 Route 94 Blairstown, NJ 07825 · (908) 362-9266 · Fax (908) 362-5019 · www.james-alexander.com · email: info@james-alexander.com

CREDIT APPLICATION

To be completed by authorized representative of customer.

Firm Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____

Corporation _____ Partnership _____ Individual _____

Please list Owners/Officers: _____

Date business established: _____ In state of: _____

Resale Certificate Number: _____

Also, please forward copy of Resale Certificate.

Federal Tax ID Number: _____

D.U.N.S. Number: _____

Bank Name, Address, Phone, Fax and Account Number:

1. _____

2. _____

Trade References (Name, Address, Phone and Fax):

1. _____

2. _____

3. _____

Financial statements available: Yes _____ No _____

Please forward a copy when available.

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CREDIT APPLICATION

Credit Sale Agreement

I certify that all information on this form is correct and authorize James Alexander Corporation to obtain written or oral reports from any credit reporting agency, trade creditor or bank. This also will serve as notice that applicant authorizes any bank or commercial business to give any and all necessary information which will assist James Alexander Corporation with its credit investigation.

If credit is extended, customer agrees to pay all debts incurred within terms of sale. Should the debt become past due, customer expressly agrees to pay a service fee of 1-1/2% per month or the maximum permitted under applicable law, whichever is less. Customer also agrees to pay reasonable collection costs and/or attorney's fees incurred in connection with the collection of this account.

This agreement shall be deemed to be a contract made under the laws of New Jersey, is subject to acceptance by James Alexander Corporation and shall be interpreted in its entirety in accordance with the laws of New Jersey.

Application must be signed to be processed.

(Signature)

(Title)

Name (Please Print)

(Date)