



P.O. BOX 4221  
SHAWNEE MISSION, KS 66204

Kansas City Metro Area (913) 362-6667  
All Others TOLL FREE (800) 999-9513  
FAX (913) 362-7421  
www.jandrind.com  
sales@jandrind.com

## CREDIT APPLICATION

If you wish to purchase on open account, please fill in the following:

Name of store: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Name of Principal Owner or Officer: \_\_\_\_\_  
Tax Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number and E-Mail address: \_\_\_\_\_

### Trade References (businesses from which you buy on open account basis):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of your Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I understand that if it becomes necessary to place my account for collection, twenty-five percent (25%) will be added to net amount due, plus any accrued service charges.

DATE

SIGNATURE

TITLE

\_\_\_\_\_

**We need a photo copy of your sales tax certificate or tax exemption form, whichever applies.**