



Phone – 440-834-0727
Fax – 440-834-0719
www.jitcontainers.com

Date: _____

CONFIDENTIAL CREDIT APPLICATION

Company Name: _____

Date Established: _____

Type of Business: _____

Billing Address: _____

Accounts Payable Mgr: _____

Phone Number: _____

Fax Number: _____

Tax Exempt: _____ Yes _____ No (If yes, please forward certificate)

Purchase Order Required: _____ Yes _____ No

Purchasing Agent: _____

Business References Where Credit is Now Extended:

	1.	2.
Name:	_____	_____
Address:	_____ _____ _____	_____ _____ _____
Phone:	_____	_____
Fax:	_____	_____

Bank Reference:

Name: _____
Address: _____

Phone: _____
Contact: _____
Account #: _____

By signing below, I give our bank officer permission to release information on referenced checking account to JIT Containers, Inc. in order to obtain an open account with their company.

Name & Title: _____

Date: _____