



NET 30 CREDIT APPLICATION

Our terms are NET 30 DAYS; F.O.B. Centre Hall, PA.
 A service charge of 1.5% per month on overdue accounts.
 Please type or print clearly, sign and return to Jaybird Manufacturing.

135 Summer Lane
 Centre Hall, PA 16828

PHONE: (814) 364-1800
 FAX: (814) 364-1827

COMPANY INFO	FIRM NAME _____ CONTACT _____ BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____ SHIP-TO ADDRESS _____ E-MAIL _____ DATE BUSINESS ESTABLISHED _____ NO. OF EMPLOYEES _____ FED. TAX ID # _____ D & B RATING _____ TYPE OF BUSINESS _____ WEBSITE ADDRESS _____	<p>Please check one:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP </div> <p><i>*Attach Sales Tax Exemption Certificate, if applicable for the state of Pennsylvania.</i></p>																								
OWNER/CEO	NAME _____ TITLE _____ ADDRESS _____ PHONE (____) _____ CITY _____ STATE _____ ZIP _____ FAX (____) _____																									
TRADE REFERENCES	► Note: Providing Fax Numbers for Referances will speed up the review process time.																									
TRADE REFERENCES	<table style="width:100%; border: none;"> <tr> <td style="width: 60%;">COMPANY NAME _____</td> <td>PHONE (____) _____</td> </tr> <tr> <td>INDIVIDUAL(S) TO CONTACT _____</td> <td>FAX (____) _____</td> </tr> <tr> <td>ADDRESS _____</td> <td>ACCT. NO. _____</td> </tr> <tr> <td>CITY _____ STATE _____ ZIP _____</td> <td></td> </tr> <tr> <td>COMPANY NAME _____</td> <td>PHONE (____) _____</td> </tr> <tr> <td>INDIVIDUAL(S) TO CONTACT _____</td> <td>FAX (____) _____</td> </tr> <tr> <td>ADDRESS _____</td> <td>ACCT. NO. _____</td> </tr> <tr> <td>CITY _____ STATE _____ ZIP _____</td> <td></td> </tr> <tr> <td>COMPANY NAME _____</td> <td>PHONE (____) _____</td> </tr> <tr> <td>INDIVIDUAL(S) TO CONTACT _____</td> <td>FAX (____) _____</td> </tr> <tr> <td>ADDRESS _____</td> <td>ACCT. NO. _____</td> </tr> <tr> <td>CITY _____ STATE _____ ZIP _____</td> <td></td> </tr> </table>		COMPANY NAME _____	PHONE (____) _____	INDIVIDUAL(S) TO CONTACT _____	FAX (____) _____	ADDRESS _____	ACCT. NO. _____	CITY _____ STATE _____ ZIP _____		COMPANY NAME _____	PHONE (____) _____	INDIVIDUAL(S) TO CONTACT _____	FAX (____) _____	ADDRESS _____	ACCT. NO. _____	CITY _____ STATE _____ ZIP _____		COMPANY NAME _____	PHONE (____) _____	INDIVIDUAL(S) TO CONTACT _____	FAX (____) _____	ADDRESS _____	ACCT. NO. _____	CITY _____ STATE _____ ZIP _____	
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BANK REF.	BANK NAME _____ INDIVIDUAL(S) TO CONTACT _____ PHONE (____) _____ ADDRESS _____ FAX (____) _____ CITY _____ STATE _____ ZIP _____ ACCT. NO. _____																									

We agree to pay Jaybird Manufacturing, Inc. as per their terms. I hereby authorize our references and bank to release any information necessary to assist in establishing a line of credit. (A copy of this form will be considered a bona fide authorization.)

Authorized Signature _____ **Title** _____ **Date** _____