

J.A. UNIFORMS, INC.

12323 SW 132ND CT

MIAMI, FL 33186

(305) 234-1231

Fax: (305) 234-1219

BUSINESS CREDIT APPLICATION

Date: _____

Company Name: _____ DBA: _____

Federal Tax I.D. # _____

Street Address: _____

Phone Number: (____) _____ City _____ State _____ Zip _____
Fax Number: (____) _____

How long in business? _____ Individual(), Partnership(), Corporation()

Date and State of Incorporation? _____

Have you done business under any other names or at any other location? _____

If yes, please specify: _____

Bank Name: _____

Bank Address: _____

Bank Telephone #: _____

Bank Contact Person: _____

Account #: _____

List owner(s)	% Ownership	Social Security Number

President: _____ Years with Company: _____

Accounts Payable Manager: _____

Is there pending legal action against your company? _____

If yes, Explain: _____

Has anyone associated with the ownership of this business filed bankruptcy within the last ten years? _____ If yes, Chapter: _____

The undersigned authorize inquiry as to credit information on the entity or on named principals whom a Personal Guaranty may be requested. We further acknowledge that all of the information contained in this credit application is correct and that if it is not correct any credit privileges granted will be terminated and outstanding balances become due immediately. We also acknowledge that credit privileges may be withdrawn at any time. Payment terms are Net Cash (10 days) from date of invoice. J. A. Uniforms shall invoice for products at time of shipment. In the event J.A.Uniforms, Inc. shall at any time institute any legal actions or proceedings of any nature for the collection of the sum due, J.A. Uniforms shall be entitled to recover all cost including attorney's fees. Late charges accrue at the rate of one and seventy (1.70%) percent per month or the highest rate allowed by law on past due invoices. The applicant understands and agrees, that should any check from applicant be returned a minimum charge of \$35.00 will be assessed (or the highest amount allowed by the law) against applicant. The laws of the State of Florida shall be applicable.

The person signing this application certifies that they have read all of the foregoing, and that all of the information contained in the application and any attachments is true and correct to the best of their knowledge.

Print Name

Social Security Number

Title

Signature

Date