

Jackson Systems, LLC Confidential Credit Application

Phone: 317-788-6800 Fax: 317-227-1034 E-Mail: info@jacksonsystems.com

COMPANY INFORMATION

Legal Company Name: _____ Year Established: _____
Website: _____
Owner / Officer: _____ Title: _____
E-Mail Address: _____
Purchasing Contact: _____
E-Mail Address: _____ P.O. Required? Yes / No
Account Payable Contact: _____
E-Mail Address: _____
Tax Exempt Number: _____ Federal ID Number (EIN): _____

SHIPPING / BILLING INFORMATION

Shipping Address: _____
City _____ State _____ Zip _____
Telephone: () _____ Fax: () _____
Billing Address: _____
City _____ State _____ Zip _____
Telephone: () _____ Fax: () _____

CREDIT REFERENCES

Company Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone: () _____ Fax: () _____
Company Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone: () _____ Fax: () _____

BANKING INFORMATION

Bank Name: _____
Address: _____
City / State / Zip: _____
Telephone: () _____ Fax: () _____
Account Number: _____ Contact Name: _____

PERSONAL GUARANTEE

In consideration of Jackson Systems, LLC extending credit to _____
(hereinafter referred to as the "company"), I hereby guarantee the sum owed, including all collection agencies' fees, attorneys' fees, court costs and / or other costs incurred which may become due by the company should the company fail to pay. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company.

Signature

Printed Name

Date