



JAN ELECTRONIC SUPPLIES, INC.

6 TRUMAN STREET
NEW LONDON, CT. 06320
1-860-442-4386

CONFIDENTIAL CREDIT APPLICATION

DATE _____

NAME OF COMPANY _____

ADDRESS _____

BILLING ADDRESS _____

OWNER'S NAME(S) _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

BUSINESS TYPE _____

HOW LONG IN BUSINESS _____

BANK REFERENCE (S) _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

ACCOUNT # _____

CREDIT REFERENCES:
(NOTE - INFORMATION
FOR CREDIT REFS.
MUST BE COMPLETE)

NAME _____
ADDRESS _____
TELEPHONE# _____ FAX# _____

NAME _____
ADDRESS _____
TELEPHONE# _____ FAX# _____

NAME _____
ADDRESS _____
TELEPHONE# _____ FAX# _____

AMOUNT OF CREDIT REQUIRED ON A MONTHLY BASIS _____

DO YOU REQUIRE A STATEMENT? _____

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE FOLLOW UP _____

ALL ACCOUNT TERMS ARE NET 30 FROM INVOICE DATE.

APPROVED BY _____

IN ORDER TO EXPEDITE YOUR APPLICATION FOR CREDIT APPROVAL, FORM MUST BE
FILLED OUT COMPLETELY. THANK YOU