

APPLICATION FOR CREDIT

Send to: **JOMAR TABLE LINENS, INC.**
4000 E. AIRPORT DRIVE
ONTARIO, CA 91761

Fax# (909) 390-1171

Phone# (866) 390-1444

COMPANY: _____ TELEPHONE: _____

_____ CONTACT PERSON: _____

_____ NUMBER OF YEARS IN BUSINESS _____

TYPE OF BUSINESS - Please check one below

RENTAL DEPT. STORE OTHER _____ (explain)

MUST BE COMPLETE IN FULL - ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE

OWNERSHIP

NAME (PRESIDENT) ADDRESS CITY STATE ZIP

NAME (SECRETARY) ADDRESS CITY STATE ZIP

NAME (TREASURER) ADDRESS CITY STATE ZIP

TRADE REFERENCES

NAME ADDRESS PHONE # FAX #

NAME ADDRESS PHONE # FAX #

NAME ADDRESS PHONE # FAX #

NAME ADDRESS PHONE # FAX #

NAME ADDRESS PHONE # FAX #

FINANCE

BANK NAME ADDRESS CITY ST ZIP

ACCOUNT NUMBER ACCOUNT REPRESENTATIVE PHONE NUMBER

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT WE CAN AND WILL COMPLY WITH ALL APPROVED JOMAR PAYMENT TERMS. I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS AGREEMENT AND TO COMMIT OUR COMPANY TO AGREE TO THE TERMS AND CONDITIONS SET FORTH BY JOMAR TABLE LINENS.

SIGNED NAME TITLE DATE

SIGNED NAME TITLE DATE

Terms: The credit terms are stated on the invoice. Any overdue amounts will be charged interest at a rate of 1.5% monthly, commencing on the due date of said invoice and compounded monthly. If Suit is necessary to collect monies due on the invoice, buyer agrees to pay sellers attorney fees and other costs of litigation.