

**TO:** Accounts Payable

**FROM:** Credit Manager Joyce/Dayton Corp.

**SUBJECT:** Credit Application

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Thank you for your interest in our Joyce/Dayton product! Please provide the following necessary information to help us complete the process of providing you an account with Net 30 terms.

Please note the following:

- A Tax Exemption Certificate is needed.
- An email address is REQUIRED for invoicing. Invoices will only be sent via email.
- Payment Terms upon approval Net 30 days from date of invoice.
- Other Payment Options Visa, Mastercard, American Express and Discover
- We reserve the right to HOLD all orders if any invoice should reach 45 days or beyond.
- We reserve the right to place any account on cash advance terms, as we feel necessary.

If you should have any questions, please feel free to contact me at the number below.

Regards,

Joyce/Dayton Credit Manager

P.O. Box 1630 Dayton, OH 45401

Phone: (800) 523-5204 Fax: (937) 297-7173 E-Mail: creditapp@joycedayton.com



## **APPLICATION FOR CREDIT**

Business Name:				
Billing Address:				
City/State/Zip:				
Ship To Address:				
Phone:				
E-Mail Address:				
Type of Business:				
Type of Organization: (				
Federal Tax ID No.:	Years in Business:			
Tax Exempt No.*	Duns No			
*Please include your Tax-	Exempt certificat	te with this application		
President:				
	U.S. TRA	ADE REFERENCES		
Name of Company: Company Address: Contact:				
Name of Company: Company Address: Contact:				
Name of Company: Company Address: Contact:				
	BAN	K REFERENCE		
		Acct No.:		
Contact:	Phone:	E-Mail/FAX	<b>Κ</b> :	
We certify that all the infoterms of <b>NET 30 DAYS</b> i			y agree to the proper payment	
Date:/		Signed:		