



Application for Credit

Business Name: _____
Billing Address: _____
City/State/Zip: _____
Telephone #: _____
Type of Business: _____
Type of Organization: () Corporation () Partnership () Sole Ownership
Federal Tax I.D No.: _____ Years in Business: _____
DUNS No.: _____
Annual Sales Volume: _____ Number of Employees: _____
President: _____

Trade References

Name of Company: _____
Company Address: _____
Contact: _____
Telephone: _____ FAX: _____

Name of Company: _____
Company Address: _____
Contact: _____
Telephone: _____ FAX: _____

Name of Company: _____
Company Address: _____
Contact: _____
Telephone: _____ FAX: _____

Bank References

Name of Bank: _____
Account Number: _____
Bank Address: _____
Contact: _____
Telephone: _____ FAX: _____

Credit Terms and Conditions

- Include your Tax Exempt form with the Credit Application
- Payment terms are net 30 days from date of invoice
- Other payment options include Visa, MasterCard and American Express

- Joyce/Dayton Corp reserves the right to HOLD all orders if any invoice reaches or exceeds 45 days
- Joyce/Dayton Corp. reserves the right to place any account on a C.O.D. basis if we feel it is necessary.

We certify that all the information on this form is correct. We fully agree to the proper payment terms **of NET 30 DAYS** in consideration of the extended credit.

Date: ____ / ____ / ____

Signed: _____

Title: _____

Sign and return this credit application to:

Sylvia Schaeffer
Credit Manager
Joyce/Dayton Corporation
P.O. Box 1630
Dayton, Ohio 45401

(800) 523-5204 x 220
(937) 294-6261 x 220
fax ((937) 297-7173
ap.Sylvias@joycedayton.com