



TO: Accounts Payable

FROM: Missy Dailey
Joyce/Dayton Corp.

SUBJECT: Credit Application

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 - 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 C.O.D. terms, as we feel necessary.

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

Regards,

Missy Dailey
Credit Manager

P.O. Box 1630
Dayton, Oh 45401
Phone: (800) 523-5204 Fax: (937) 297-7173
E-Mail: sales@joycedayton.com



APPLICATION FOR CREDIT

BUSINESS NAME: _____
BILLING ADDRESS: _____
CITY/STATE/ZIP: _____
SHIP TO ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL ADDRESS: _____
TYPE OF BUSINESS: _____
TYPE OF ORGANIZATION: () Corporation () Partnership () Sole Ownership
FEDERAL TX I.D. NO.: _____ YEARS IN BUSINESS: _____
TAX EXEMPTION NO. _____ DUNS NO. _____
PRESIDENT: _____

TRADE REFERENCES

NAME OF COMPANY: _____
COMPANY ADDRESS: _____
CONTACT: _____ PHONE: _____ FAX: _____

NAME OF COMPANY: _____
COMPANY ADDRESS: _____
CONTACT: _____ PHONE: _____ FAX: _____

NAME OF COMPANY: _____
COMPANY ADDRESS: _____
CONTACT: _____ PHONE: _____ FAX: _____

BANK REFERENCE

NAME OF BANK: _____ ACCT NO.: _____
BANK ADDRESS: _____
CONTACT: _____ PHONE: _____ FAX: _____

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 extended credit.

Date: ___ / ___ / ___

Signed: _____

Title: _____