



TO: Accounts Payable

FROM: Missy Dailey
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 - 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: _____

E-Mail Address: _____

Type of Business: _____

Type of Organization: () Corporation () Partnership () Sole Ownership

Federal Tax ID No.: _____ Years in Business: _____

Tax Exempt No.. _____ Duns No. _____

President: _____

U.S. TRADE REFERENCES

Name of Company: _____

Company Address: _____

Contact: _____ Phone: _____ E-Mail/FAX: _____

Name of Company: _____

Company Address: _____

Contact: _____ Phone: _____ E-Mail/FAX: _____

Name of Company: _____

Company Address: _____

Contact: _____ Phone: _____ E-Mail/FAX: _____

BANK REFERENCE

Name of Bank: _____ Acct No.: _____

Bank Address: _____

Contact: _____ Phone: _____ E-Mail/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: _____