

Jademar Corporation
 12950 NW 25th Street, Suite 300
 Miami, FL 33182 USA
 (305) 640-0465
 www.jademar.com

NEW CUSTOMER CREDIT APPLICATION FORM

The information provided on this form or obtained from any reference listed is confidential and will be for internal use only.

Business Information

Business Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code** _____
Tel # _____ **Fax #:** _____
Email Address: _____ **Web:** _____

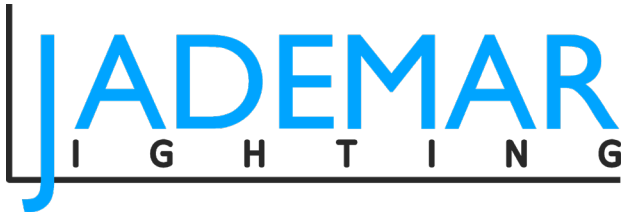
Parent / Affiliated Companies (If applicable)

Business Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code** _____
Tel # _____ **Fax #:** _____
Email Address: _____ **Web:** _____
Years of Incorporation: _____ **Numbers of Employees:** _____
Type of Business: Partnership Corporation LLC
 Other _____
Are you a: Distributor Government Direct Account
Average Gross Sales: <\$3,000,000 \$3,000,000-\$10,000,000 >\$10,000,000
Credit Limit Desired: _____

Payment Terms: Net 30 days (standard). If different payment terms are needed, contact jeanette@jademar.com.

Is the product for resale? Yes No **If yes, resale ID/sales tax ID:** _____

Federal Tax ID: _____ **Dun + Bradstreet ID:** _____



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Tax Exemption: You will be charged sales tax (where applicable) unless the appropriate certification is forwarded with this application.

Accounts Payable: _____ Tel # _____

Email Address: _____

Credit References

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Contact Name: _____

Tel # _____ Fax #: _____

Email Address: _____ Web: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Contact Name: _____

Tel # _____ Fax #: _____

Email Address: _____ Web: _____

Business Name: _____

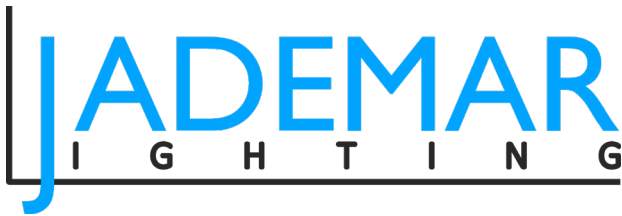
Street Address: _____

City: _____ State: _____ Zip Code _____

Contact Name: _____

Tel # _____ Fax #: _____

Email Address: _____ Web: _____



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Bank References

Business Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code** _____
Contact Name: _____
Tel # _____ **Fax #:** _____
Email Address: _____

Business Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code** _____
Contact Name: _____
Tel # _____ **Fax #:** _____
Email Address: _____

I hereby authorize the above banks to release any information necessary to assist in establishing a line of credit with Jademar Corporation. Authorization must be made by owner, partner, or corporate officer of business.

Name: _____ **Title:** _____
Signature: _____ **Date:** _____