

Jendala Application for Credit
Please Complete in full and fax to (707) 723-0372

New Jendala account Existing Jendala account

Company Name:	Business Type:
Owner:	
Address:	
Tel:.....	Fax:.....
Email:	Website:
EIN #:	Resale #:

Purchasing/Re-Orders Contact:.....

Billing/Account Receivables Contact:.....

TRADE REFERENCES

Company:	Contact Name/Account #:
Address:	Phone #:
Company:	Contact Name/Account #:
Address:	Phone #:
Company:	Contact Name/Account #:
Address:	Phone #:

BANKING REFERENCES

Name:	Branch:
Account No:	Phone #:

I hereby Authorize Jendala to obtain information from the above references. I agree to abide by the terms and conditions as set out by Jendala, which include that all invoices are due to be paid within the **30 days** from the date of invoice. I agree that any payments not made within the 30-day due date will accrue interest at 14% Annual Compounded Rate or a minimum LATE CHARGE of \$1). I also Authorize Jendala, at Jendala's expense, to obtain a credit check from any of the large credit agencies.

Signed.....Printed Name.....

Position.....Date.....