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Table with 3 rows: Date, Accounting Approval, Credit Analyst

CONFIDENTIAL CREDIT APPLICATION

Section I

Legal Name of Company, Trade Name dba, Billing Address, City, State, Zip Code, Phone, Fax No., Email Address, LLC, Incorporated, Proprietorship, Partnership, Yrs. in Business, Nature of Business, Delivery Address, Names of Principals & Titles, Person to Contact for Payment, Annual Sales, Credit Requirements \$/monthly

Terms and Conditions of Sale
A. Open account payment terms are Net 30 days FROM DATE OF INVOICE.
B. Acceptable returns goods will be subject to a 15% restocking fee.
C. A service charge on overdue accounts will be assessed at the rate of 1 1/2% per month.
D. Large orders for custom cut, fabricated or special order material may require a down payment prior to processing the order.
E. In the event that your purchases exceed your credit limit during the month, we will contact you and request payment of earlier invoices.
F. Other terms and conditions as noted on inside back cover of the Johnson Plastics Plus catalog.

Section II—Authorization

To induce Johnson Plastics Plus, a division of Signcaster Corporation, to extend a line of credit for purchases under credit sales terms, we authorize Johnson Plastics Plus to contact the references and banks listed below. We also understand that this information will be held in strict confidence and be used solely for the consideration of credit to us.

Signed, Title, Date

Section III—Bank Reference

Name of Bank, Account No., Street Address, City, State, Zip Code, Name of Contact, Phone No., Fax No.

Section IV—Major Trade References

(1) Name, E-mail, Address, Phone, Fax, Account #
(2) Name, E-mail, Address, Phone, Fax, Account #
(3) Name, E-mail, Address, Phone, Fax, Account #

Please check that the application is complete and signed. An incomplete application may cause a delay in the processing.