

CREDIT APPLICATION



Check All that Apply: Which of our ESG Affiliates do you want an account with: (Elgin ☐ ; Guzzler ☐ ; Vactor ☐ ; Jetstream ☐ ; FS Depot ☐ ; FS Solutions ☐ ; JJE Rentals ☐) **MKT Code (internal use)** _____

Name of Company: _____ Officer: _____ Cell Phone: _____ Amount Requested: _____	Phone (Area Code): _____ Fax: _____ E-Mail address: _____
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Address For Billing: _____ City/State/Zip _____ Country: _____ (Province/Postal Code): _____	Address for Shipping: _____ City/State/Zip: _____ Country: _____ (Province/Postal Code): _____
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Name of Parent Company: _____ Address: _____ City/State/Zip: _____	AP Contact: _____ Phone: _____ Email for AP _____
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PO Numbers Required: (Yes <input type="checkbox"/> ; No <input type="checkbox"/>)	Email for Invoices: _____
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Legal Corporation (State Registered: _____ **Entity:** (☐ Corp; ☐ Partnership; ☐ LLC; ☐ Proprietorship)

Federal Tax ID # _____ **Tax Exempt Status:** (YES ☐ ; NO ☐) (Must include a Tax Exempt Certificate if YES)
Year Started: _____

Assets: Cash in Bank: _____ Acct Receivable: _____ Inventory: _____ Prepaids: _____ PP&E (Net): _____ Other Assets: _____ Goodwill: _____ Total Assets _____	Liabilities Acct Payable: _____ Line of Credit: _____ Notes Payable: _____ Other Liabilities: _____ Long Term Debt: _____ Total Liabilities: _____ Net Worth: _____ Total L&NW _____	Revenue: Sales (Rental) Income: _____ Cost of Sales (CGS): _____ Gross Profit: _____ Selling & Admin Expenses: _____ Depreciation Exp: _____ Income from Operations: _____ Other Expenses (Income): _____ Net Income _____
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Owner, Partners, Officers Name(s):	Title	% Owner	Home Address
1. _____			
2. _____			

Has any person named above declared or been involved in Bankruptcy: (Check One) YES ☐ NO ☐
Please explain if YES: _____

TRADE REFERENCE 1 Name: _____ Address: _____ City/State/Zip _____ Contact: _____ Phone: _____ E-mail: _____ Fax: _____	TRADE REFERENCE 2 Name: _____ Address: _____ City/State/Zip _____ Contact: _____ Phone: _____ E-mail: _____ Fax: _____
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BANK REFERENCE Name: _____ Address: _____ City/State/Zip _____ Checking Account #: _____ Loan Account #: _____ Bank Contact: _____ E-mail: _____ Phone: _____ Fax: _____	TRADE REFERENCE 3 Name: _____ Address: _____ City/State/Zip _____ Contact: _____ Phone: _____ E-mail: _____ Fax: _____
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The above information is for the purpose of obtaining commercial credit by the companies listed on this Credit Application and is warranted to be true, correct and complete. Creditor, its Affiliates, Agents, or any Credit Bureau employed by Creditor is hereby expressly authorized to investigate the references herein listed or other data obtained from Applicant or from any other person pertaining to Applicant's credit responsibility. Applicant also authorizes the above bank to release information regarding his checking account balances and loan relationships and overall standing with the bank. Applicant's signature attests to Applicant's financial responsibility, authority to sign the credit application and the ability and willingness to pay Creditors invoices in accordance with Creditors terms of Net 30 days. Applicant agrees to pay a service charge of 1 1/2% per month or the Highest Rate as allowed by law on the unpaid balance after 30 days. Furthermore, Applicant agrees to pay for all costs of collection, including reasonable attorney fees, court costs and 35% of Principal Cost Balance as collection agency fees.

Please email to: ar@jjei.com **or fax to JJE Finance / Credit Dept. (705) 722-3532**

Applicants Name (Print): _____ **Date:** _____
Applicants Signature & Title _____