



Joissu Inc.  
 4627 L.B. McLeod Road  
 Orlando, FL 32811  
 1-800-233-1681  
 Fax 1-800-238-1886

**CREDIT APPLICATION**

\$ _____ Amount of Credit Desired
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**Have you ordered from Joissu before?** Yes  No

Please complete this application completely. Incomplete or inaccurate applications may cause delays in processing or result in denial of credit. Processing time depends on timely receipt from trade/bank references.

**BILL TO ADDRESS**

**Business Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ph#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**SHIP TO ADDRESS** (If Different from Billing address)

**Business Name** \_\_\_\_\_

(Note: We do NOT ship to PO Boxes)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ph#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**BUSINESS INFORMATION**

Business operates as a  Corporation  Partnership  Sole Proprietor  Other \_\_\_\_\_

Business property is  Owned  Leased  Franchised  Other \_\_\_\_\_

Business type: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Date Est: \_\_\_\_\_

Check box & enclose a signed re-sales tax certificate ONLY if you are a Florida Tax exempt business.

**PRINCIPALS (Officers, Owners, Partners)**

**Principal #1:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Principal #2** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**BANK REFERENCE**

**Bank Name:** \_\_\_\_\_ **Account#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Ph#** \_\_\_\_\_

**TRADE REFERENCES**

**Company:** \_\_\_\_\_ **Account#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Ph#** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Account#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Ph#** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Account#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Ph#** \_\_\_\_\_

**AGREEMENT:** I (we) agree that payments will be made in accordance with terms on each invoice, that a service charge of 1.5% per month will be charged on all past due balances when account is over 30 days past due, and that if my (our) account is referred to an attorney for collection, I (we) will be responsible for reasonable attorney's fees and court costs.

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_