



GENERAL BUSINESS CREDIT APPLICATION

JRJP, INC.
309 MAIN STREET
BLAKELY, PA 18447

PHONE (570) 383-3257

Account #: _____

INSTRUCTIONS: Complete all sections (missing information will delay processing). Sign appropriate sections on the form and fax to CREDIT (570) 489-3951

Legal Name of Business: _____ DBA: (Same as or enter name) _____
Billing Address: _____
STREET P.O. BOX CITY/STATE ZIP
Place of Business [] Commercial [] Residential DUNS# _____
Business Phone: _____ Fax #: _____ A/P Name: _____ A/P E-Mail: _____
[] Corporation [] Sole Proprietor [] Partnership [] LLC [] Other _____
Your estimated monthly sales/revenue? \$ _____ Estimated monthly purchases from JRJP, INC.? \$ _____
Number of Employees: Office: _____ # of Technicians: _____
[] Taxable [] Non-Taxable If sales tax-exempt, certificate must be provided.
PRINCIPALS:
Full Name Home Address & Phone # Title
1) _____
2) _____
3) _____
TRADE REFERENCES:
Name Account # Address & Phone # Fax #
1) _____
2) _____
3) _____

CONDITIONS AND AGREEMENT OF CREDIT SALES - CREDIT AUTHORIZATION
(MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER / PLEASE SEE TERMS AND CONDITIONS ON PAGE 3)

Signature _____ Title _____ Printed Name _____ Date: _____

PERSONAL GUARANTEE

(MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER / PLEASE SEE TERMS AND CONDITIONS ON PAGE 2)

Guarantor's Signature: _____ Date _____ SS# _____

Guarantor's Home Address: _____ City, State & Zip: _____

Witness's signature: _____ Witness's Printed Name: _____

Bank Authorization Release Form (MUST BE COMPLETED AND FAXED TO BANK)

Company Name: _____ Account# _____

Bank Name: _____ Bank Contact: _____

Address: _____

Telephone No: _____ Fax No.: _____

I, _____, Owner/Principal/Officer of _____

Give authorization for any banking information to be released to JRJP, INC. T/A FALCON OIL

By: _____ Title: _____ Date: _____