JAB
ANSTOETZ

Customer Application

Company Name:_____

Billing Address: _____

City:_____ State:_____ Zip:_____

Ship to Address (if different from billing): _____

Telephone: _____ Fax: _____ ☐ Residential ☐ Hospitality ☐ Manufacture

Email: _____ Website:_____

Owner Names:_____Email:_____

Address: _____ City: _____ State:____ Zip:_____

Business Code (Check one only)

☐ 1 Int. Designer with shop	☐ 65 Yacht builders/Ship Furnishing	☐ 95 - Theatre/Museum	☐ 219 - RV MFG
☐ 2 Interior Designer w/o shop	☐ 71 Hotel Groups (HQ)	☐ 200 - Aircraft MFG	
☐ 3 Workroom	☐ 79 Contract Designer	☐ 209 - Furniture MFG	
☐ 11 Dept. Store	☐ 80 Architect	☐ 213 - Model Homes	Email Pricelist ?
☐ 38 Trade Journal/magazine	☐ 81 Purchaser	☐ 217 - Upholsterer	
☐ 44 Wallcover Wholesale	☐ 82 Specifier	☐ 218 - Wallpaper Store	☐ yes ☑ no

Only complete this section for OPEN Terms consideration **Tax Id No:**_____

Bank Name: _____ Bank Tel #: _____

Account No: _____ Bank Contact Name: _____

Years In Business: _____ Dun & Bradstreet No:_____

Trade References

1. Name & Address _____ Phone _____ Account # _____
2. Name & Address _____ Phone _____ Account # _____
3. Name & Address _____ Phone _____ Account # _____

I agree to pay interest at a rate of 1 1/2 % per month (18%per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay in consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment. This is your authority to charge 1 1/2 per month (18% per annum) on all past due amounts.
The below signatures also grant JAB the right to check any factors pertinent to a fair evaluation of establishing credit.

_____

Authorized Signature Date

_____

Print Full Name Title

Agent/Office use only

Representative Name _____ Rep Code _____

Send completed applications to **credit@jab.us** or fax to 718-361-0159