



# Application for Credit

5760 Mining Terrace  
 Jacksonville, FL 32257  
 Phone: 904-880-8633 Fax: 904-880-8636  
 Toll Free: 888-307-3530

## (Please print or type) APPLICANT INFORMATION

Legal Name of Company/Person				
Fictitious or DBA Name (if any)			Tax I.D. Number* / Social Security Number	
Principal Place of Business Address (not P.O. Box)				
City	State	County	Zip	
Billing Address (if different)				
City	State	Zip	Business Telephone Number	
Billing Contact Name		Title	E-Mail Address	Business Fax Number
Date Business Established	Current ownership (# of years)		State of Incorporation/Registration	
Description of Business			Dunn & Bradstreet Number	
Type of Ownership (Select One)				
<input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> Individual <input type="checkbox"/> Other _____				
Has the business or any principal ever filed bankruptcy?			Are there any outstanding security interests or liens on Applicant's assets?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date filed: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

## PRINCIPALS (OWNERS) AUTHORIZED TO SUBMIT ORDERS

(1) Name	Title	SS#	% Owner	
Physical Address		City		State
(2) Name	Title	SS#	% Owner	
Physical Address		City		State
(3) Name	Title	SS#	% Owner	
Physical Address		City		State

For more than three owners attached additional sheet(s).

## FINANCIAL INFORMATION

Commercial Checking	Bank	Account #	Contact	Phone #
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## TRADE REFERENCES

(1) Name	Acct#	Contact	Phone #	Fax #
(2) Name	Acct#	Contact	Phone #	Fax #

## CERTIFICATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I/We, the undersigned, hereby certify that the information in this credit application is correct, that it is submitted for the purpose of obtaining credit, and agree to all terms and conditions of sale and the payment terms as set forth. The information included in this credit application is for the use of JDA Printing, Inc. for determining the amount and conditions of credit to be extended. I understand that JDA Printing, Inc. may also utilize other sources of credit information that it considers reliable in making the determination. I/We hereby authorize the bank and supplier references listed in the credit application to release the information necessary to assist JDA Printing, Inc. in establishing a line of credit. This Application must be signed by an Owner, or if incorporated, by a Corporate Officer. Should JDA Printing, Inc. approve this application, the terms will be communicated to you upon receipt of your first order. Unless otherwise communicated, invoices are due upon receipt.

I certify that this information is true and accurate to the best of my knowledge, and that I have read and accept the Terms and Conditions on the attached sheet.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please allow one to two weeks for reference responses. We will notify you when our processing is complete.  
 \* Tax Exempt Customers - Must provide an original, current, and signed exempt form before receiving "no tax" status.