



CREDIT APPLICATION

Sales Cloud ID # _____

Name of Company: _____
 Cell Phone: _____
Amount Requested: _____
 Address For Billing: _____
 City/State/Zip (Province/Postal Code): _____
 County: _____

Phone (Area Code): _____
 Fax: _____
 E-Mail: _____
 AP Contact: _____
 Phone for AP Dept: _____
 E-Mail for AP Dept: _____
 PO Numbers required (Yes No)

Circle All that Apply:

Which of our ESG Affiliates do you want an account with:
(Elgin, Guzzler, Vactor, Jetstream, FS Depot, FS Solutions, JJE Rentals, Joe Johnson Equipment)

Legal Corporation (State Registered: _____) Entity: (Corp; Partnership; LLC; Proprietorship)
 Federal Tax ID #: _____
 Year Started: _____

Tax Exempt Status: YES NO (Must include a Tax Exempt Certificate if YES)

Name of Parent Company: _____
 Address: _____
 City/State/Zip: _____

Assets:		Liabilities	Revenue:
Cash in Bank: _____	Acct Payable: _____	Loans/ Leases: _____	Sales (Rental) Income: _____
Acct Receivable: _____	Other Liabilities: _____	Long Term Debt: _____	Cost of Sales _____
Equip Owned: _____	Total Liabilities _____		Gross Profit _____
Real Estate: _____	Net Worth _____		Selling & Admin Expenses _____
Other Assets: _____	Total L&NW _____		Depreciation Exp: _____
Goodwill: _____			Income from Operations _____
Total Assets _____			Other Expenses (Income) _____
			Net Income _____

Owner, Partners, Officers Name(s): Title	Home Address	Soc. Sec. /Insurance NO.	% Owner
1. _____	_____	_____	_____
2. _____	_____	_____	_____

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

TRADE REFERENCES
 Name: _____
 Address: _____
 City/State/Zip (Province/Postal Code): _____
 Contact: _____
 Phone: _____
 E-mail: _____
 Fax: _____

TRADE REFERENCES
 Name: _____
 Address: _____
 City/State/Zip (Province/Postal Code): _____
 Contact: _____
 Phone: _____
 E-mail: _____
 Fax: _____

BANK REFERENCES
 Name: _____
 Address: _____
 City/State/Zip (Province/Postal Code): _____
 Checking Account Nos.: _____
 Loan Account Nos.: _____
 Bank Contact: _____
 E-mail: _____
 Phone: _____
 Fax: _____

TRADE REFERENCES
 Name: _____
 Address: _____
 City/State/Zip (Province/Postal Code): _____
 Contact: _____
 Phone: _____
 E-mail: _____
 Fax: _____

The above information is for the purpose of obtaining commercial credit and is warranted to be true, correct and complete. Creditor, its 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. Applicant's signature attests to Applicant's financial responsibility, 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 on the unpaid balance after 30 days. Furthermore, Applicant agrees to pay for all costs of collection, including reasonable attorney fees, court costs and collection agency fees.

Please email to: ar@jjei.com or fax to Accounts Receivable (705) 436-8502

Applicants Name: _____

Applicants Signature & Title _____ Date: _____