



Return Application:
ar@jmsupply-ar.com

COMPANY NAME _____ OWNER'S NAME _____

SALES TAX # _____ SOCIAL SECURITY# _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ PHYSICAL ADDRESS _____

TELEPHONE _____ CELL PHONE# _____

NO. YRS. IN BUSINESS _____ CORPORATION _____ INDIVIDUAL _____ PARTNERSHIP _____

(If partnership w/whom) NAME _____ ADDRESS _____ SS# _____

BANK _____ ADDRESS _____

CONTACT _____ ACCT. NO. _____ TELEPHONE _____

Email to send statements and invoices: _____

BUSINESS CREDIT REFERENCES
(DO NOT USE FINANCIAL INSTITUTIONS)

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

CONTACT _____ Email _____ ACCT NO _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

CONTACT _____ Email _____ ACCT NO _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

CONTACT _____ Email _____ ACCT NO _____

PERSONAL AND /OR CORPORATE GUARANTEE

In consideration of any credit extended to _____ (Purchaser), the undersigned hereby personally guarantees JM Supply full and prompt payment at maturity of all invoices rendered for merchandise furnished. The undersigned furthermore binds and obligates himself (themselves) in solid with Purchaser and agrees to pay 10% per annum service charge should the account become delinquent, as well as all collection costs as well as 25% attorney fee should the indebtedness require collection by an outside source. Also, in accordance with the consumer credit protection act, I/we and Purchaser authorize JM Supply to secure a credit report to determine the advisability of extending commercial or business credit.

GUARANTOR: _____ **DATE** _____