

(This form approved and published by the National Association of Credit Management)



## APPLICATION FOR CREDIT

	<b>B</b> 🕭				Di	ate		20
ssued to		1	JAN	ELL	INC.			Name of FIRM Requesting Statemer
CINTI - BLUE ASH 513-489-9111	CINTI - PAD 513-651-		COLUMBUS, 614-224-91		ERLANGER, KY 859-341-9111	LEXINGTON, KY 859-254-9111		DAYTON, OH 937-866-9111
FIRM NAME					TRADE STYLE			
P.O. BOX ADDRESS				<u> </u>	The second secon	and the second s		
STREET ADDRESS		C. Colonia Anixani Cara				PHONE/FA	ΑX	
CITY	***************************************	TO THE STATE OF TH		STATE ZIP (			ZIP CODE	
FULL NAME OF OWNER	OR OWNERS (OF	AN AUTHORIZED C	FFICER O	F CORPORA	TION). LIST HOME ADD	RESS & ZIP C	ODE FOR PAR	RTNERSHIP OR INDIVIDUAL
Annual			***			and the second s		
						işi		
PLEASE CHECK ONE	INDIVIDUAL	PARTNERSHIP	LLC	CORP	FED. TAX NO. (FOR	CORPORATIO	N)	MARITAL STATUS
	If NOT a corpo	ration the Personal	Guaranty	Information	on the back is REQUIR	ED and subm	itted for appr	oval
DEBTOR (INDIVIDUAL S	IGNING CONTRAC	T)			TIÝL	Ε:		
DEBTOR'S SOCIAL SEC	URITY NO. (FOR F	ARTNERSHIP OR IN	DIVIDUAL)	ĺ				
DEBTOR (INDIVIDUAL S	IGNING CONTRAC	T)			TITLE:			
DEBTOR'S SOCIAL SEC	URITY NO. (FOR F	ARTNERSHIP OR IN	DIVIDUAL)					
TYPE OF BUSINESS							DATE STARTE	ΞD
ESTIMATED ANNUAL SA	ALES					-		
FORMER BUSINESS				LOC	ATION			
OWN OR RENT BUILDING – IF RENT – FROM WHOM?								VALUE
REAL ESTATE MORTGA	GE							
	LIST TRAI	DE REFERENCE	ES OR A	TTACHED	TRADE REFEREN	NCE SHEE	T REQUIRE	ED
NAME			A	ADDRESS			PHONE/FAX - REQUIRED	
	A MAR CO. SCIENCE CO.	Can Control of the State of the						
			***************************************					
NAME OF BANK		The state of the s			ACCOUNT NO REC	UIRED		
STREET ADDRESS						OF STREET, STR		
	CITY				STATE			

THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON THE REVERSE SIDE IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

begin an arbitration. Judgment upon the Award may be entered in any court having jurisdiction.

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APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS:

FIRM NAME

BY

TITLE

BY

TITLE

(612) 871-9205. The parties agree to accept service by certified mail, return receipt requested, through the United States Postal Service, of the Initial Claim Documents which

## (MUST BE COMPLETED IF NOT A CORPORATION) [NDIVIDUAL PERSONAL GUARANTY

□ Individual □ Partnership	Date	20
l,,	residing at	
, for and in cons		
"Company"), of which I am	, hereby per	sonally guarantee to
you the payment at <u>Janell, Inc.</u> in the State of any obligation of the Company and I hereby as which may become due to you by the Compant It is understood that this guaranty shall be a consuch indebtedness of the Company. I do herely thereof and consent to any modification or ren	gree to bind myself to pay you y whenever the Company shall ntinuing and irrevocable guara by waive notice of default, non-	on demand any sum fail to pay the same. nty and indemnity for payment and notice
Icheck to establish credit with Janell, Inc.	authorize Janell Inc. to re	un a personal credit
check to establish credit with barren, me.		
	Signature	
	SS#	
l,,	residing at	
, for and in cons	ideration of your extending cre	edit at my request to
	(hereinaft	er referred to as the
"Company"), of which I am		
you the payment at <u>Janell, Inc.</u> in the State any obligation of the Company and I hereby a which may become due to you by the Compar It is understood that this guaranty shall be a consuch indebtedness of the Company. I do here thereof and consent to any modification or remarks.	gree to bind myself to pay you ny whenever the Company shal ontinuing and irrevocable guara by waive notice of default, non	on demand any sum I fail to pay the same. nty and indemnity for -payment and notice
1	authorize Janell Inc. to r	un a personal credit
check to establish credit with Janell, Inc.		
	Ciamatuua	
	Signature	
	SS#	
JANELL, INC.		
Employee Signature		
Branch Location		
* · · · · · · ·		



## \*\*\* NEW ACCOUNT SET UP REQUEST \*\*\*

DATE:							
TO: JANELL ACCOUNTING				<del>-</del>	REMIT PAYMENTS TO: JANELL, INC. P.O. BOX 23129 CINCINNATI, OHIO 45223-0128		
			REQUIRED IN	FORMATION			
CUSTOM	IER						
NAME: BILLING			- PHYSICAL				
ADDRES				ADDRESS:			
P.O. BOX	:			CITY:		,	
CITY:						ZIP CODE:	
STATE:		ZIP CODE:		www.			
PHONE:		_	A/P FAX:			ELL:	
					~====		
ACCOUN PHONE:		BLE CONTACT					
A/P E-MA			2	WEI	3 ADDRES	SS:	
JOB NUN JOB NAN	MBERS: MES: RIZED BU		YES YES YES YES			NO	
				×			
						0	
ACCT#	:		JANELL LOCAT	IONS & NUM	BERS		
Cinci	innati, OH	6130 Cornell R	Rd. 45242		ness No. 489-9111	Fax No. 513-530-9111 (Sales)	
Colu	mbus, OH	831 Harmon A	ve. 43223	614-	224-9111	513-489-9914 (Acct) 614-444-4519	
_	iger, KY		Springs Rd. 41018		341-9111	859-331-9117	
	ngton, KY		ircle Rd. 40511		254-9111	859-255-9119	
	Dayton, OH 801 E 1 <sup>st</sup> St. 45402				866-9111	937-461-5705	
Cincinnati, OH 4686 Paddock Rd. 45229				651-9111	513-242-3384		