



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

DATE: \_\_\_\_\_

TO: **JANELL ACCOUNTING**

REMIT PAYMENTS TO:  
**JANELL, INC.**  
**P.O. BOX 23129**  
**CINCINNATI, OHIO 45223-0128**

**REQUIRED INFORMATION**

**CUSTOMER**

**NAME:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_ **PHYSICAL ADDRESS:** \_\_\_\_\_

**P.O. BOX:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **WWW:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **A/P FAX:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**PRINCIPAL/OWNER NAME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT & PHONE:** \_\_\_\_\_

**A/P E-MAIL:** \_\_\_\_\_ **WEB ADDRESS:** \_\_\_\_\_

<b>PURCHASE ORDER REQUIRED:</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>JOB NUMBERS:</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>JOB NAMES:</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>AUTHORIZED BUYERS:</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**NAMES:** \_\_\_\_\_

**ACCT #:** \_\_\_\_\_ **JANELL LOCATIONS & NUMBERS**

		Business No.	Fax No.
<input type="checkbox"/>	Cincinnati, OH 6130 Cornell Rd. 45242	513-489-9111	513-530-9111 (Sales) 513-489-9914 (Acct)
<input type="checkbox"/>	Columbus, OH 831 Harmon Ave. 43223	614-224-9111	614-444-4519
<input type="checkbox"/>	Erlanger, KY 2930 Crescent Springs Rd. 41018	859-341-9111	859-331-9117
<input type="checkbox"/>	Lexington, KY 970 W. New Circle Rd. 40511	859-254-9111	859-255-9119
<input type="checkbox"/>	Dayton, OH 801 E 1 <sup>st</sup> St. 45402	937-866-9111	937-461-5705
<input type="checkbox"/>	Cincinnati, OH 4686 Paddock Rd. 45229	513-651-9111	513-242-3384



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



# APPLICATION FOR CREDIT

Date \_\_\_\_\_ 20\_\_\_\_

Account #

Issued to **JANELL INC.** Name of FIRM Requesting Statement

CINTI - BLUE ASH 513-489-9111	CINTI - PADDOCK 513-651-9111	COLUMBUS, OH 614-224-9111	ERLANGER, KY 859-341-9111	LEXINGTON, KY 859-254-9111	DAYTON, OH 937-866-9111
----------------------------------	---------------------------------	------------------------------	------------------------------	-------------------------------	----------------------------

FIRM NAME	TRADE STYLE
-----------	-------------

P.O. BOX ADDRESS \_\_\_\_\_

STREET ADDRESS	PHONE/FAX
----------------	-----------

CITY	STATE	ZIP CODE
------	-------	----------

**FULL NAME OF OWNER OR OWNERS (OR AN AUTHORIZED OFFICER OF CORPORATION). LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL**

PLEASE CHECK ONE	INDIVIDUAL	PARTNERSHIP	LLC	CORP	FED. TAX NO. (FOR CORPORATION)	MARITAL STATUS
------------------	------------	-------------	-----	------	--------------------------------	----------------

**If NOT a corporation the Personal Guaranty Information on the back is REQUIRED and submitted for approval**

DEBTOR (INDIVIDUAL SIGNING CONTRACT) \_\_\_\_\_ TITLE: \_\_\_\_\_

DEBTOR'S SOCIAL SECURITY NO. (FOR PARTNERSHIP OR INDIVIDUAL) \_\_\_\_\_

DEBTOR (INDIVIDUAL SIGNING CONTRACT) \_\_\_\_\_ TITLE: \_\_\_\_\_

DEBTOR'S SOCIAL SECURITY NO. (FOR PARTNERSHIP OR INDIVIDUAL) \_\_\_\_\_

TYPE OF BUSINESS	DATE STARTED
------------------	--------------

ESTIMATED ANNUAL SALES \_\_\_\_\_

FORMER BUSINESS	LOCATION
-----------------	----------

OWN OR RENT BUILDING - IF RENT - FROM WHOM?	VALUE
---	-------

REAL ESTATE MORTGAGE \_\_\_\_\_

**LIST TRADE REFERENCES OR ATTACHED TRADE REFERENCE SHEET REQUIRED**

NAME	ADDRESS	PHONE/FAX - REQUIRED

NAME OF BANK	ACCOUNT NO. - REQUIRED
--------------	------------------------

STREET ADDRESS \_\_\_\_\_

CITY	STATE
------	-------

Arbitration Agreement: The parties agree to resolve by binding arbitration all claims and disputes arising from or relating to agreements and transactions, including the validity of this arbitration clause. The arbitration shall be governed by the Code of Procedure of Equilaw's National Arbitration Forum (NAF). The applicable Code shall be the Code of Procedure in effect at the time the claim is filed with Equilaw, whose United States administrative office is located at 2124 Dupon Avenue South, Minneapolis, Minnesota 55405, (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 begin an arbitration. Judgment upon the Award may be entered in any court having jurisdiction.

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

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.

FIRM NAME \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

(MUST BE COMPLETED IF NOT A CORPORATION)  
INDIVIDUAL PERSONAL GUARANTY

- Individual  
 Partnership

Date \_\_\_\_\_ 20\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, for and in consideration of your extending credit at my request to  
\_\_\_\_\_ (hereinafter referred to as the  
"Company"), of which I am \_\_\_\_\_, hereby personally guarantee to  
you the payment at **Janell, Inc.** in the State of \_\_\_\_\_ of  
any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum  
which may become due to you by the Company whenever the Company shall fail to pay the same.  
It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for  
such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice  
thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

I \_\_\_\_\_ authorize Janell Inc. to run a personal credit  
check to establish credit with Janell, Inc.

Signature \_\_\_\_\_

SS# \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, for and in consideration of your extending credit at my request to  
\_\_\_\_\_ (hereinafter referred to as the  
"Company"), of which I am \_\_\_\_\_, hereby personally guarantee to  
you the payment at **Janell, Inc.** in the State of \_\_\_\_\_ of  
any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum  
which may become due to you by the Company whenever the Company shall fail to pay the same.  
It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for  
such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice  
thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

I \_\_\_\_\_ authorize Janell Inc. to run a personal credit  
check to establish credit with Janell, Inc.

Signature \_\_\_\_\_

SS# \_\_\_\_\_

**JANELL, INC.**

Employee Signature \_\_\_\_\_

Branch Location \_\_\_\_\_

Acct # \_\_\_\_\_