



1800 WEST 3500 SOUTH
 WEST VALLEY CITY, UTAH 84119
 PHN: 801-974-7960 FAX: 801-975-6459

CREDIT APPLICATION

Rev. 2/08

COMPANY NAME: _____

REQUESTED AMOUNT: _____

DBA: _____

FEDERAL ID #: _____

ADDRESS: _____

TELEPHONE #: _____

CITY: _____ STATE: _____

ZIP CODE: _____ FAX #: _____

NATURE OF BUSINESS: _____

AT PRESENT LOCATION SINCE: _____

BUS. TYPE: L.L.C. Corp. Partnership Proprietorship

YEARS IN BUSINESS: _____

TAX EXEMPT: Yes No CERTIFICATE #: _____

INSURANCE CARRIED: Yes No

(if tax exempt, please fax copy of tax exempt certificate)

INS. CARRIER: _____

CORPORATE INFORMATION:

D&B #: _____

OWNER'S NAME: _____ PHN: _____

SS #: _____

ADDRESS, CITY: _____

STATE: _____ ZIP: _____

OWNER'S NAME: _____ PHN: _____

SS #: _____

ADDRESS, CITY: _____

STATE: _____ ZIP: _____

TRADE REFERENCES: (only names of those you buy from on open accounts)

1. BUSINESS NAME: _____

ACCOUNT #: _____

FULL ADDRESS: _____

PHN: _____ FAX: _____

2. BUSINESS NAME: _____

ACCOUNT #: _____

FULL ADDRESS: _____

PHN: _____ FAX: _____

3. BUSINESS NAME: _____

ACCOUNT #: _____

FULL ADDRESS: _____

PHN: _____ FAX: _____

4. BUSINESS NAME: _____

ACCOUNT #: _____

FULL ADDRESS: _____

PHN: _____ FAX: _____

BANK REFERENCE:

BANK: _____ PHN: _____

BANK OFFICER NAME: _____

ADDRESS: _____

ACCOUNT #: _____

CITY: _____ STATE: _____ ZIP: _____

FAX #: _____

HAVE YOU EVER FILED BANKRUPTCY? Yes No

PURCH ORDER REQUIRED? Yes No

I (We) hereby apply for credit, and agree that if such credit is extended that I (we) will pay all invoices by the first 10th proxmo. I (We) understand and agree that if our account is not paid by the 16th, it will become delinquent and a finance charge of 2% per month (24% per annum) will be applied to the delinquent amount. I (We) further understand and agree to pay all attorneys and/or collection fees in the collection of my (our) account, in the event such action is taken by Jack-it Incorporated. The above information is for the purpose of obtaining credit and is warranted to be true. I (We) hereby authorize Jack-it, Inc. to investigate all information pertaining to my (our) credit and financial responsibility.

PRINT: _____
 (Applicant Name / Title)

SIGNATURE: _____
 (Applicant Signature)

DATE: _____

The guarantor agrees to pay, in the event the account becomes delinquent and is turned over to an attorney or third party collector, fees equal to fifty percent (50%) of the balance due, plus all attendant collection costs. A Finance Charge of 2% per month (Annual percentage rate 24%) will be charged on all overdue accounts.

I personally guarantee that payment will be made to Jack-it on all charges made by my company or myself.

PRINT: _____
 (Guarantor Name)

SIGNATURE: _____
 (Guarantor Signature)

DATE: _____