

JOHNSON & TOWERS JOHNSON TRUCK CENTER, LLC.

JOHNSON CORPORATION
2021 BRIGGS ROAD
MT. LAUREL, NJ 08054

FOR OFFICE USE ONLY:

CREDIT APPLICATION

ACCOUNT # _____

T: 856-234-6990 Direct dial: 856-222-2405

FAX: 856-234-5518

KBREISACHER@JOHNSONTOWERS.COM

KADELMAN@JOHNSONTOWERS.COM

SALESMAN # _____

*PLEASE PRINT OR TYPE INFORMATION BELOW:

GENERAL INFORMATION			
NAME OF COMPANY:			
DBA (If different from above):			
BILLING ADDRESS:	CITY:	STATE:	ZIP:
SHIPPING ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NO.: ()		FAX NO.: ()	
LINE OF CREDIT REQUESTED: \$		EMAIL ADDRESS:	

REFERENCES				
BANK	BANK:		ACCOUNT NO.:	
	ADDRESS:		CITY:	STATE: ZIP:
	TELEPHONE NO.: ()		FAX NO.: ()	
TRADE # 1	COMPANY:		ACCOUNT NO.:	
	ADDRESS:		CITY:	STATE: ZIP:
	TELEPHONE NO.: ()		FAX NO.: ()	
TRADE # 2	COMPANY:		ACCOUNT NO.:	
	ADDRESS:		CITY:	STATE: ZIP:
	TELEPHONE NO.: ()		FAX NO.: ()	
TRADE # 3	COMPANY:		ACCOUNT NO.:	
	ADDRESS:		CITY:	STATE: ZIP:
	TELEPHONE NO.: ()		FAX NO.: ()	

I AUTHORIZE THE ABOVE LISTED BANK AND TRADE REFERENCES TO RELEASE INFORMATION NECESSARY TO ESTABLISH A CHARGE ACCOUNT WITH JOHNSON CORPORATION: JOHNSON & TOWERS INC., JOHNSON TRUCK CENTER, LLC.

DATE: _____ SIGNED: _____ TITLE: _____

JOHNSON CORPORATION (JTC & J&T)

COMPANY BACKGROUND			
TYPE OF BUSINESS:		SS OR EIN #:	
NO. OF YEARS IN BUSINESS:	YEARS UNDER PRESENT MGMT.:	ARE P.O.'S REQUIRED? (Y/N):	
TYPE OF COMPANY:	PROPRIETORSHIP	PARTNERSHIP	CORPORATION
TAX STATUS: TAXABLE EXEMPT			
<p style="color: red;">If exempt a state tax form must accompany this application. Tax will otherwise be charged until completed form is received.</p>			
OWNERS, PARTNERS OR CORPORATE OFFICERS	NAME:		
	ADDRESS:		CITY/STATE/ZIP:
	NAME:		
	ADDRESS:		
			CITY/STATE/ZIP:
	NAME:		
	ADDRESS:		
			CITY/STATE/ZIP:
	NAME:		
A/P CONTACT	NAME:	PHONE NO.: ()	FAX NO.: ()
SHOP CONTACT	NAME:	PHONE NO.: ()	FAX NO.: ()
PURCH. AGENT	NAME:	PHONE NO.: ()	FAX NO.: ()

THE UNDERSIGNED AUTHORIZES RELEASE OF ALL BANKING AND CREDIT INFORMATION, BOTH BUSINESS AND PERSONAL REQUESTED BY JOHNSON CORPORATION: (JOHNSON & TOWERS INC, JOHNSON TRUCK CENTER, LLC). THIS FORM MAY BE REPRODUCED OR PHOTOCOPIED AND A FAX COPY SHALL BE EFFECTIVE CONSENT AS THE ORIGINAL WHICH I HAVE SIGNED. TERMS: NET-30 DAYS UNLESS OTHERWISE STATED. WE RESERVE THE RIGHT TO CHARGE 1 ½% PER MONTH (18% PER ANNUM) INTEREST ON ALL PAST-DUE ACCOUNTS. IN THE EVENT THAT IT BECOMES NECESSARY TO PLACE THIS ACCOUNT WITH AN ATTORNEY FOR COLLECTION, UNDERSIGNED AGREES TO BE LIABLE FOR SAID COST, INCLUDING COURT COSTS AND ATTORNEY FEES.

DATE: _____ SIGNED: _____ TITLE: _____