



351 FAME ROAD SUITE B
WEST CARROLLTON, OHIO 45449
Phone - 937-247-0840 Fax - 937-247-0501

New Account Set Up

Business Name _____ Line of Credit Requested \$ _____

D/B/A _____ Federal Tax ID# _____

Phone _____ Fax _____ E Mail _____

Billing Address _____

Shipping Address _____

Type of Business _____ Date Established _____ How long in business _____

Does State, County, or City require a License? Yes ___ No ___ License # _____

OWNERSHIP: Sole Proprietorship _____ Partnership _____ Corporation _____

PRINCIPLE: _____
(Name) (Title) (SS#)

PRINCIPLE: _____
(Name) (Title) (SS#)

Credit Card Accounts Only Complete Below: For Net 30 terms start on page 2

This is to authorize the use of the following credit card on all transactions with JH Distributors, Inc until otherwise instructed by account holder:

CARD TYPE: VISA MC AMEX DISCOVER

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS ON CC: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____ / ____ SECURITY CODE: _____

I certify under penalty of law that I am authorized to use the above noted credit card

AUTHORIZED SIGNATURE: _____

STOP if only applying for Credit Card Terms

TRADE REFERENCES: Complete next 2 pages only if applying for Net 30 open terms

Name	Address/Phone #
_____	_____
_____	_____
_____	_____
_____	_____

Credit Agreement

Has the firm or any of its principles ever been bankrupt? Yes _____ No _____

If yes, explain _____

Any misrepresentation in this Agreement will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net-30) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees. Whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Print Name)

(Title)

(Signature)

PERSONAL GUARANTEE

In consideration for J H Distributors extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to J H Distributors by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between J H Distributors and the business. J H Distributors shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waive demand, notice of default and any extension of time or any other forbearance, which may be extended by J H Distributors.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by J H Distributors. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____ Name: _____
(Name of person guaranteeing payment, **NO TITLE**)

Home Address: _____

Home Phone #: () _____ SS# _____ - _____ - _____

Signature of person guaranteeing payment: _____

Name of business whose account is guaranteed: _____

CREDIT RELEASE AUTHORIZATION

For the purpose of obtaining merchandise on credit,

I authorize

Your Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Account Number _____

Fax Number (_____) _____

To release credit information to:

J H DISTIBUTORS
351 FAME ROAD
WEST CARROLLTON, OHIO 45449
Phone - 937-247-0840 Fax - 937-247-0501

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on this agreement to furnish any and all information requested by J H Distributors or its representative, by telephone or written correspondence.

The undersigned warrants that the information is true and correct.

As an inducement to grant credit, the undersigned agrees to J H Distributors rights to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Signature _____

Printed Name _____

Title _____

Date _____

Signature _____

Printed Name _____

Title _____

Date _____