

**J & D Enterprise Inc.,
315 Green Ridge Road, Suite H 2,
New Castle, PA16105
Tel. No. 724-657-8000
Fax No. 724-657-8001**

CREDIT APPLICATION

Dist _____ Non-Dist _____

LEGAL BUSINESS NAME _____

FED TAX ID NO. _____

DBA NAME (if any) _____

BUSINESS START DATE _____

CORPORATION (Y/N) _____ DATE/STATE OF INCORPORATION _____

PARTNERSHIP (Y/N) _____ OTHER (Y/N) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TEL. NO. _____ FAX NO. _____ EMAIL _____

CONTACT _____

SHIP TO: (if different from billing address)

COMPANY NAME _____ TEL. NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OWNER(S)/PRINCIPAL NAME(S) _____

SSN(S) _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP CODE _____

(Attach separate sheet if necessary)

APPROXIMATE YEARLY DOLLAR VOLUME \$ _____

DO UNSATISFIED JUDGMENTS EXIST AGAINST ABOVE ENTITY? (Y/N) _____ IF YES, PLEASE EXPLAIN

BANKING INFORMATION:

BANK _____ BRANCH _____ ACCT. NO. _____

ROUTING NO. _____ TEL NO. _____ BANK OFFICER _____

FAX NO. _____

TRADE REFERENCES:

COMPANY _____ CONTACT _____

TEL. NO. _____ FAX NO. _____

COMPANY _____ CONTACT _____

TEL. NO. _____ FAX NO. _____

COMPANY _____ CONTACT _____

TEL. NO. _____ FAX NO. _____

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS ITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT(S) INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THE CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, DC 20580

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact J & D, 315 Green Ridge Road, Suite H 2, New Castle, PA 16105, (724) 657-8000, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.