



Jack Cartwright, Inc.

P.O. Box 2798, High Point, NC 27261 / Ph: 1-800-890-9177 Fax: 336-884-2278 / Email: CustomerService@JackCartwright.com

Credit Application (please type or print clearly) **Date:** _____

COMPANY NAME _____ PHONE NUMBER _____

ADDRESS (P.O.) _____ FAX NUMBER _____

ADDRESS (Street) _____ EMAIL ADDRESS _____

CITY / STATE/ ZIP _____ BUSINESS TYPE () Corp. () Individual () Partnership

CERTIFICATE OF RESALE* # _____ → ISSUED FROM THE STATE OF _____
 (Certificate must accompany this application—Please attach) S.S. # OR FEDERAL I.D. # _____

CONTACT PERSON: _____

IS YOUR COMPANY (ABOVE) THE HEADQUARTERS LOCATION? ____ YES NO ____

IF A SUBSIDIARY OR DIVISION, PLEASE PROVIDE INFORMATION BELOW ABOUT THE MAIN OFFICE OR HEADQUARTERS:

COMPANY NAME _____ PHONE NUMBER _____

ADDRESS _____ FAX NUMBER _____

CITY / STATE/ ZIP _____ CONTACT NAME _____

BUSINESS TYPE () Corp. () Individual () Partnership

CREDIT / TRADE REFERENCES

BANK _____ CONTACT _____

ADDRESS _____ CITY / STATE / ZIP _____

PHONE # _____ ACCOUNT NUMBER _____

1) Trade Ref: _____ CONTACT _____

ADDRESS _____ CITY / STATE / ZIP _____

FAX # _____ PHONE # _____ ACCOUNT NUMBER _____

2) Trade Ref: _____ CONTACT _____

ADDRESS _____ CITY / STATE / ZIP _____

FAX # _____ PHONE # _____ ACCOUNT NUMBER _____

3) Trade Ref: _____ CONTACT _____

ADDRESS _____ CITY / STATE / ZIP _____

FAX # _____ PHONE # _____ ACCOUNT NUMBER _____

SIGNATURE _____ **TITLE** _____

Approved Accounts: Net 30 Days. **Non-Approved Accounts:** \$ 1/3rd deposit (including Freight) with order for production scheduling, balance due prior to shipment, unless credit can be established for balance of order. Completion of form does not constitute an agreement or approval for credit. Receivables are factored through The CIT Group.