

Jules Borel & Co.

1110 Grand Blvd. ◆ Kansas City, MO 64106 800-776-6865 ◆ 816-421-6110 ◆ Fax: 816-421-2596 mail@julesborel.com ◆ www.julesborel.com

APPLICATION FOR OPEN ACCOUNT

Place cursor in box and type, or print form and hand print information Please fill out completely. Thank you.

	Business name and address u	inder v	vhich you will orde	er	
Business Name	Address	Address		City, State, Zip + 4	
State Sales Tax Number	Individual, Partnership or Corporation?		Email		Fax
Name(s) of Authorized Buyers	Anticipated amount purchased each month		How long in business?		Previous Employment
	Owner's name an	d home	e address		
Name	Address		City, State, Zip + 4 Soc. Sec. No		o. Home Phone
☐ Wholesale ☐ Off ☐ Wholesale Manufacturing ☐ Hor ☐ Trade Shop ☐ Oth		Two-da Saver Ground		ıt	
	he following information must be filled				
Name 1.	Address City, Sta	ate, Zip	Account No.	Phone	Fax
2.					
3.					
4.					
	Bank Refe	rence(s):		
Name	Address City, Sta	ate, Zip	Account No.	Phone	Fax
IMDODTA	NT-READ CAREFULLY BEI	EODE (CICNING THE A	DDI ICATIO) N
In consideration of Jules Bor all purchases in accordance we purchases when due, the under	rel & Co. opening a line of credit based with Jules Borel & Co. terms of sale. If, ersigned agrees to pay 1.5% monthly infor any amount due under this agreement	on the a for any erest on	bove information, the u reason, the undersigned the past due portion of	ndersigned pro l is unable to pa the balance. Sh	mises to pay for ay for said nould Jules Borel

Title

Signature

Date

Jules Borel & Co. Credit Application 9/09

Name of owner/partner/president