



Joslyn & Morris, Inc.

1647 Federal Way PO Box 7007
Boise ID 83705 (208) 342-4594

for issuer use only	Account Name _____
	Approved By _____
	Date _____

Credit Application

Name of Company 1.		D.B.A. (if different from name at left)	
Mailing Address 2.		Area Code 3.	Phone No. 3.
Shipping Address 4.		Area Code 3.	Phone No. 3.
Type of Ownership 5. Individual Partnership Corporation			
Owner(s) or Officers 6.		Owner(s) or Officers 6.	
Owner(s) or Officers 6.		Owner(s) or Officers 6.	
Type of Business 7.		Business Established	# of Employees
Number of Invoices Required 8.		Special Billing Instructions	
Name of Purchasing Agent 9.		Accounts Payable Contact	
Are Purchase Orders Required? 10. No Yes		If yes, any limitation on who can use?	
Tax Status of Purchases 11. All Taxable All Items Resale		Idaho Sales Tax Number	

Credit References

Name	Address	City and State	Phone	Fax
1.				
2.				
3.				
4.				

I (we) hereby give permission for a complete credit check on the above listed business and individuals and assume personal responsibility for all debts incurred by the business hereon. I (we) agree to pay 1 1/2% per month (18% per annum) service charge on balances still due on the 26th of the month following the month purchase was made and to pay for all legal, court, and/or collection fees incurred in the collection of such past due amounts.

Date _____ Signed _____ Title _____