

JRY - 30 Day Credit Account Set Up Form		
	( Not required for C.O.D. customers )	Provide Three Credit References:
Salesman:	1.) Name:	
Customer ID#	Address:	
<b>Customer Name:</b>		
Bank Name:	City, State, Zip Code:	
Contact Name:	Phone #:	
Account #:	Fax #:	
Bank Routing #:	Reference Email address:	
Branch Address:	2.) Name:	
	Address:	
City, State, Zip Code:		
	City, State, Zip Code:	
	Phone #:	
Phone #:	Fax #:	
Fax #:	Reference Email address:	
Names of Approved Buyers and Titles 3.) Name:		
1.)	Address:	
2.)		
3.)	City, State, Zip Code:	
4.)	Phone #:	
	Fax #:	
Reference Email Address:  I HAVE READ AND UNDERSTAND THE TERMS DESCRIBED BELOW AND AGREE TO HONOR THEM INCLUDING THE PAYMENT OF ALL SERVICE CHARGES AS APPLICABLE. I ALSO GIVE AUTHORITY TO JOHN R. YOUNG & COMPANY TO VERIFY ALL REFERENCES. THREE SIGNATURES ARE REQUIREDIF APPLICATION IS FOR A CORPORATION OR PARTNERSHIP		
(x)	(x)	
(x)		
BASED ON THE INFORMATION PROVIDED ABOVE AND AT THE DISCRETION OF THE JOHN R. YOUNG & COMPANY, CREDIT MAY BE APPROVED UNDER ONE OF THE FOLLOWING TERMS OR CONDITIONS;  REGULAR OPEN ACCOUNT – ALL PURCHASES FOR THE PRIOR MONTH MUST BE PAID BY THE 10 <sup>th</sup> DAY OF THE FOLLOWING MONTH.  CASH ON DELIVERY ACCOUNT – CASH PAYMENT MUST BE MADE IN FULL AT THE TIME OF DELIVERY. CHECKS MAY BE ACCEPTED ONLY WITH THE APPROVAL OF OUR CREDIT DEPARTMENT.  \$50.00 Minimal Delivery  A SERVICE CHARGE OF 1.5% PER MONTH, EQUIVALENT TO AN ANNUAL PERCENTAGE RATE OF 18% WILL BE ADDED ON THE 25 <sup>th</sup> OF EACH MONTH FOR ALL UNPAID BALANCES MORE THEN 30 DAYS OLD. THE MINIMUM SERVICE CHARGE WILL BE ONE DOLLAR PER MONTH. \$25.00 CHARGE FOR ALL RETURNED CHECKS.		
ALL ABOVE INFORMATION MUST BE COMPLETED ALONG WITH APPLICABLE PA STATE TAX EXEMPTION CERTIFICATE IN ORDER TO OPEN A CHARGE ACCOUNT. YOUR COOPERATION IS GREATLY APPRECIATED.		
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