



# Janus International Corporation

## Credit Application

134 East Luke Road  
P.O. Box 567  
Temple, GA 30179  
770-562-2850 / 770-562-2264 Fax

### CUSTOMER INFO:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Started \_\_\_\_\_ Type of business: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

DUN & BRADSTREET #: \_\_\_\_\_ \* Please attach a copy of all applicable tax exempt certificates.\*

### BANKS:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Account # Checking \_\_\_\_\_ Loan \_\_\_\_\_ Line of credit \_\_\_\_\_

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Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Account # Checking \_\_\_\_\_ Loan \_\_\_\_\_ Line of credit \_\_\_\_\_

### SUPPLIERS:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

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Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

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Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize JANUS INTERNATIONAL CORP., its agents, or any other credit bureau or other investigative agency employed by such person, to investigate any reference herein listed or statements or other data obtained from any other person pertaining to my credit and financial responsibility. I understand that accounts are to be settled in full in accordance with the terms extended by JANUS INTERNATIONAL CORP., and that any past due balances are subject to a finance charge of 1 1/2% per month (Annual Percentage Rate 18%). Applicant's signature attests financial responsibility, ability and willingness to pay our invoices according to terms. In the event that legal action is necessary to secure payment on account, I agree to pay court costs and reasonable attorney's fees incurred in the collection of such payment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_