



JANUS INTERNATIONAL

Credit Application (Rev. 3/10/08)

134 Janus International Blvd

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 _____

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: _____

Name: _____ Contact: _____

Street: _____ Account #: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Name: _____ Contact: _____

Street: _____ Account #: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

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

Signed: _____ Date: _____