

**Credit Application**  
135 Janus International Blvd  
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.\*

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**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 \_\_\_\_\_

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**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: \_\_\_\_\_

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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: \_\_\_\_\_