



**TO:** Accounts Payable

**FROM:** Missy Dailey  
Joyce/Dayton Corp.

**SUBJECT:** Credit Application

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Thank you for your interest in our Joyce/Dayton product! Please provide the following necessary information to help us complete the process of providing you an account with Net 30 terms.

Please note the following:

- If you are located in the State of Ohio a Tax Exemption Certificate is needed.
- Payment Terms - Net 30 days from date of invoice.
- Other Payment Options – Visa, Mastercard and American Express
- We reserve the right to HOLD all orders if any invoice should reach 45 days or beyond.
- We reserve the right to place any account on C.O.D. terms, as we feel necessary.

If you should have any questions, please feel free to contact me at the number below.

Regards,

Missy Dailey  
Credit Manager

**P.O. Box 1630  
Dayton, Oh 45401  
Phone: (800) 523-5204 Fax: (937) 297-7173  
E-Mail: [sales@joycedayton.com](mailto:sales@joycedayton.com)**



**APPLICATION FOR CREDIT**

BUSINESS NAME: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
SHIP TO ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
TYPE OF ORGANIZATION: ( ) Corporation ( ) Partnership ( ) Sole Ownership  
FEDERAL TX I.D. NO.: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_  
TAX EXEMPTION NO. \_\_\_\_\_ DUNS NO. \_\_\_\_\_  
PRESIDENT: \_\_\_\_\_

**TRADE REFERENCES**

NAME OF COMPANY: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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COMPANY ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**BANK REFERENCE**

NAME OF BANK: \_\_\_\_\_ ACCT NO.: \_\_\_\_\_  
BANK ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

We certify that all the information on this form is correct. We fully agree to the proper payment terms of **NET 30 DAYS** in consideration of extended credit.

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

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

Title: \_\_\_\_\_