TO: Accounts Payable

FROM: Credit Manager
Joyce/Dayton Corp.

SUBJECT: Credit Application

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:

- A Tax Exemption Certificate is needed.
- An email address is REQUIRED for invoicing. Invoices will only be sent via email.
- Payment Terms upon approval - Net 30 days from date of invoice.
- Other Payment Options – Visa, Mastercard, American Express and Discover
- 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 cash advance terms, as we feel necessary.

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

Regards,

Joyce/Dayton Credit Manager

P.O. Box 1630
Dayton, OH 45401
Phone: (800) 523-5204   Fax: (937) 297-7173
E-Mail: creditapp@joycedayton.com
APPLICATION FOR CREDIT

Business Name: ________________________________
Billing Address: ___________________________________________
City/State/Zip: ____________________________________________
Ship To Address: __________________________________________
Phone: __________________ FAX: ____________________________
E-Mail Address: __________________________________________
Type of Business: __________________________________________
Type of Organization: ( ) Corporation ( ) Partnership ( ) Sole Ownership
Federal Tax ID No.: ____________________________ Years in Business: __________
Tax Exempt No.*: ____________________________ Duns No. ______________________
*Please include your Tax-Exempt certificate with this application
President: _____________________________________________

U.S. TRADE REFERENCES

Name of Company: _________________________________________
Company Address: _________________________________________
Contact: __________________ Phone: ___________ E-Mail/FAX: ___________

Name of Company: _________________________________________
Company Address: _________________________________________
Contact: __________________ Phone: ___________ E-Mail/FAX: ___________

Name of Company: _________________________________________
Company Address: _________________________________________
Contact: __________________ Phone: ___________ E-Mail/FAX: ___________

BANK REFERENCE

Name of Bank: ____________________________ Acct No.: ____________
Bank Address: _____________________________________________
Contact: __________________ Phone: ___________ E-Mail/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: ________________________________

12-11-19 creditapp@joycedayton.com FJ0400