



**TO:** Accounts Payable

**FROM:** Credit Manager  
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:

- **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](mailto:creditapp@joycedayton.com)**



**APPLICATION FOR CREDIT**

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail Address to Submit Invoice: \_\_\_\_\_

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: \_\_\_\_\_