



Fax to: 770-664-7951
or mail to: JDR Enterprises, Inc.
292 South Main Street, Suite 200
Alpharetta, GA 30004

CREDIT APPLICATION

Today's Date: _____

COMPANY INFORMATION

Legal Name: _____

Address (Physical): _____

Years in Business: _____ Entity Type _____ Federal ID Number: _____

Telephone Number: _____ Fax Number: _____

E:mail Address: _____ D & B #: _____

PURCHASING

Person Responsible for Purchasing: _____

Shipping Address: _____

Sales Tax Exempt? Yes Resale Number: _____
A copy of your Resale Certificate is required with this application.

No Sales Tax: _____ % Jurisdiction _____

Purchase Order Number Required? Yes No

Billing Address : _____

BANK REFERENCE

Bank Name: _____ Account Number: _____

Contact: _____ Telephone No.: _____

COMPANY REFERENCE - 1

Company Name: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

E:mail Address: _____

COMPANY REFERENCE - 2

Company Name: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

E:mail Address: _____

COMPANY REFERENCE - 3

Company Name: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

E:mail Address: _____