

J.A. CRAWFORD CO.

SINCE 1967

NEW ACCOUNT INFORMATION

(please print or type)

Company Name: _____

Tel. #: _____ Fax #: _____

(Other name/or division of): _____

Address: _____

City/State/Zip: _____

Shipping Address (if different): _____

City/State/Zip: _____

Corporation _____ Partnership _____ Sole Proprietorship _____

If Incorporated, please indicate: State: _____ Date: _____

In Business Since: _____ How long at present location? _____

Nature of your business: _____

Purchasing Contact: _____

Tel: _____ Fax: _____ Email: _____

Accounts Payable Contact: _____

Tel: _____ Fax: _____ Email: _____

Chief Executive Name: _____ PO # required? Yes _____ No _____

TRADE REFERENCES: (WE REQUIRE 5 TRADE REFERENCES)

Company Name: _____

Address: _____

City, State, Zip: _____

Tel #: (_____) _____

Fax # (_____) _____

Company Name: _____

Address: _____

City, State, Zip: _____

Tel #: (_____) _____

Fax # (_____) _____

Company Name: _____

Address: _____

City, State, Zip: _____

Tel #: (_____) _____

Fax # (_____) _____

Company Name: _____

Address: _____

City, State, Zip: _____

Tel #: (_____) _____

Fax # (_____) _____

Company Name: _____

Address: _____

City, State, Zip: _____

Tel #: (_____) _____

Fax# (_____) _____

<p align="center"><u>For internal purposes only</u></p> <p>Date completed: _____</p> <p>Terms approved: _____</p> <p>Credit Limit: _____</p>

BANK REFERENCE:

Name: _____

Branch Location: _____

Phone: (_____) _____

PLEASE COMPLETE FORM AND FAX TO THE CREDIT DEPT AT (562) 696-8761 OR EMAIL TO ar@jacrawfordco.com

Print Name: _____

Title: _____

Signature: _____

Date: _____