

JEFFERSON PARTNERS L.P. CREDIT APPLICATION

Return Application To:
 Jefferson Partners L. P.
 Attn: Credit Department
 2100 E. 26TH Street
 Minneapolis, MN. 55404
 Fax #: 612-359-3437
 Phone #: 612-359-3432

Agent Name: _____

Agency Town: _____

Applicant (Legal name):			
Doing business as:			
Name(s) of Principal owners, Administrator, or Corporate Financial officer:			
List parent company or subsidiaries:			
Applicant Billing address:			
	Number/Street	City	State
	Phone#	Fax #	Zip code
		Email address	

Years in business:		Type of business:	
Check one:		Annual Sales:	Has your firm or any principals declared bankruptcy
Corporation	<input type="checkbox"/>	\$0-5 million	in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Partnership	<input type="checkbox"/>	\$5million-20 million	
Proprietorship	<input type="checkbox"/>	Over \$20 million	If so when:
Sales Tax status:		Tax Id #:	
Governmental	<input type="checkbox"/>	Exempt (If exempt (attach a certificate))	
Other (Explain)	<input type="checkbox"/>	Non exempt	Federal ID #

Annual volume of business projected for services provided by Jefferson Lin \$ _____

BANKING INFORMATION	
Bank:	Phone #:
Address:	Fax #:
City:	
State: Zip:	

CREDIT INFORMATION List three unsecured Trade References(Do Not list banks or Finance companies)	
Name:	Phone #:
Address :	Fax # :
City:	
State: Zip:	
Name:	Phone #:
Address:	Fax #:
City :	
State: Zip:	
Name:	Phone #:
Address:	Fax #:
City :	
State: Zip:	

The above information is furnished for the purpose of obtaining credit and is warranted to be true, accurate, and complete. Creditor, its agents or any credit bureau employed by creditor, is hereby expressly authorized to investigate the references herein listed or statements or other data obtained from applicant or from other persons pertaining to applicants credit responsibility. If an account relationship is formed, applicant authorizes Jefferson Partners L.P. (DBA Jefferson Lines) to release and exchange credit information in relevant to the applicant's account. Applicant's signature attests to applicants financial responsibility, ability, and willingness to pay invoices in accordance with creditors terms.

TERMS: Upon receipt of invoice, 1.5% interest per month thereafter.

Applicant agrees to notify Jefferson Partners L.P. in writing any change in ownership that affects this credit agreement. In the event of default, applicant agrees to pay reasonable attorney fees and other costs incurred in collection. Applicant also agrees to pay a \$ 25.00 fee for each returned check.

Authorized signature:	Date:
Print Name:	Title:

Yellow areas to be used by Jefferson Corporation only

Approved:	Date:	Customer Account #:	
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Submitted for approval by: _____
 Date: _____