

Credit Application



Date: _____

Company Name: _____ Year at Present Location: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Contact: _____ Title: _____

Bank Information

Bank: _____ Account Number: _____

Contact: _____ Phone: _____ Fax: _____

Trade References

Company Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____



Company Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____



Company Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

1-888-CJSPRAY
(1-888-257-7729)
651-455-0880 Local
651-450-5671 Fax

2845 W Service Rd
Eagan, MN 55121
www.cjspray.com



Credit Waiver



In effort to obtain open account terms with C.J. Spray, Inc. I _____, acting as agent for _____, allow C.J. Spray, Inc. to obtain relevant credit history information from my bank and trade references.

Signature

Date

Print Name

Title

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