



P.O. Box 6197  
PEARL, MS 39288-6197  
PHONE: 601.939.8141  
FAX: 601.936.0635

**CREDIT APPLICATION**

Please print all information. Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_ Phone \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ How long in business \_\_\_\_\_

Check one of the following:  
\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship

Please print full name of owner (s) with home address.

\_\_\_\_\_

**TRADE REFERENCES**

Please print three trade references with address and phone numbers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**BANK INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Account number(s) \_\_\_\_\_

Please also send a copy of your tax certificate and a current financial statement or report, if available, to be used to establish your proper credit line.

Please note that **our terms are net due on receipt of invoice and payable to:**

Jefcoat Fence Co. Inc.  
P.O. Box 6197  
Pearl, MS 39288-6197

As the applicant, you promise to pay the account in full, within the term specified on your account. In the event that it becomes necessary to turn over the account for collection, you agree to pay agency fees. If legal action is required, you agree to pay reasonable attorney fees and incurred costs.

I have read and agree to abide by the above stated terms and conditions.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_