



THE PROFESSIONAL SOURCE

CREDIT APPLICATION FORM

4500 W. 31st St. / Chicago, IL 60623 / (800) 566-0664 / Fax: (773) 523-3639
www.justinblairco.com

You are receiving this credit application in order to request credit from Justin Blair & Company. We respectfully request that you fill out this form in its entirety so that we may confirm the information.

CREDIT DEPARTMENT
Credit Manager: **Paula Antczak**
Email: **paula@justinblair.biz**

Business Name _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

Accounts Payable Contact _____

AP Email _____

Purchasing Contact _____

Purchasing Email _____

Bank Name _____

Address _____

City, State Zip _____

Phone _____

Fax _____

Contact: _____

Fed ID# _____

D&B # _____

Please send us a copy of your tax exemption certificate along with this completed application.

REFERENCES (3 Required)

I give Justin Blair & Company permission to obtain information on my credit through the below contacts only.

Signature: _____

Business _____

Contact _____

Address _____

City, State, Zip _____

Phone _____

Act# _____

Business _____

Contact _____

Address _____

City, State, Zip _____

Phone _____

Act# _____

Business _____

Contact _____

Address _____

City, State, Zip _____

Phone _____

Act# _____

Business _____

Contact _____

Address _____

City, State, Zip _____

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Act# _____

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Contact _____

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