



Customer Profile & Agreement

Amount of Credit Requested: \$ _____ **JAMCO Sales Contact:** _____

Company Name: _____ Date: _____

Address: _____

Billing Address (if different): _____

Telephone No: _____ Ext. No: _____ Fax No: _____

Alternate Telephone No: _____ Ext. No: _____

Accounts Payable Contact: _____ Telephone No: _____ Ext. No: _____

Any Special Billing Requirements: _____

PLEASE CHECK ONE:

Individual SS# _____ Partnership LLC Financial Statement Attached _____

Other: _____ Corporation Type of business: _____

Do you operate under another name: _____ If yes, please list: _____

Address: _____ City/ State/ Zip Code: _____

Telephone No: _____ Ext. No: _____

Have you ever filed Bankruptcy? Yes No If yes, please explain: _____

Owners (if applicant is a sole proprietor or partnership, list social security numbers) or Officers (if a corporation):

| Name | Title | Address |
|------------|------------------------------------|---------|
| _____ | _____ | _____ |
| SS#: _____ | Number of Years in Business: _____ | _____ |
| _____ | _____ | _____ |
| SS#: _____ | Number of Years in Business: _____ | _____ |

Bank Name: _____ Telephone: _____ Ext. No: _____
Contact: _____ Title: _____
Address: _____ Account #: _____
D-U-N-S- No. _____ Savings #: _____

List Five Active Trade References:

1. Name _____ Address: _____
City/ State/ Zip Code: _____ Telephone No: _____ Fax No: _____
2. Name _____ Address: _____
City/ State/ Zip Code: _____ Telephone No: _____ Fax No: _____
3. Name _____ Address: _____
City/ State/ Zip Code: _____ Telephone No: _____ Fax No: _____
4. Name _____ Address: _____
City/ State/ Zip Code: _____ Telephone No: _____ Fax No: _____
5. Name _____ Address: _____
City/ State/ Zip Code: _____ Telephone No: _____ Fax No: _____

SIGNATURE on this Credit Agreement constitutes consent to the terms and conditions of this Agreement. JAMCO is hereby authorized to check reference and history and to answer questions regarding your credit history with JAMCO. The Applicant also authorizes JAMCO to investigate all credit references and other sources pertaining to our credit and financial responsibilities. The undersigned authorizes its banks and trade creditors to provide JAMCO with complete information for the purpose of credit evaluation. CREDIT AGREEMENT: In consideration of Credit extended by JAMCO International. I/we agree to JAMCO's terms and conditions of sale. Invoices issued will reflect terms of payment. Failure to pay within terms as stated on the invoice may result in the entire balance becoming due and payable. If any balance is referred to an attorney for any reason. I/we agree to pay reasonable attorney fees, court costs and late fees. I/we agree to pay late charges of 1 1/2%er month (18% annual percentage rate), or, if less, the maximum allowable by law, computed thirty days from invoice date on any invoice or unpaid part thereof which falls past due. I/we agree to assume responsibility for any authorized accessorial charges. I/we agree that this agreement has been negotiated in the State of Texas and that minimum contacts with the jurisdiction of the State of Texas have been established. Further, I/we agree to waive any claim of defense based on jurisdiction and/or venue and do voluntarily', submit to the jurisdiction and venue of the State of Texas and County of Webb for all matters relating to the collection of our account of other legal issues related to the transaction of business with JAMCO International. JAMCO reserves the right to refuse or Withdraw credit privileges at any time, without prior notice, except as otherwise provided by law.

Customer's Signature: _____ Title: _____

You may fax a copy to Accounting Department at (956) 717-3112, but please mail original copy to:
JAMCO International, ATTN: Accounting Department, P.O. Box 430321, Laredo, TX 78043