

JACKSON MAC HAIK FORD

CREDIT ACCOUNT APPLICATION

Business or Corporation Name	Phone Number	Fax Number
Street Address	City	State
Mailing Address	City	State
Years in Business	Federal Tax ID	MS Sales Tax Exemption

PRINCIPAL OFFICER/OWNER INFORMATION

Name and Title	Home Phone Number	
Home Address	Street Address	City
		State
		Zip

TRADE REFERENCES

Company Name	Address	City	State	Phone Number

BANK REFERENCES

Bank Name	Bank Acct#
Bank Address	City/State
Bank Contact	Phone #

SIGNATURE & AUTHORIZATION

The signature below represents and warrants that the party signing below is an authorized representative of the Company, and that the information provided herein is a complete and accurate representation of the Company's financial situation as of the date hereof. Any misrepresentation of fraudulent information provided will be the basis for default. By signing this form, I expressly authorize Jackson Mac Haik Ford to contact the above referenced to determine credit worthiness.

Signature	Date
Printed Name	Title

FOR CREDIT DEPARTMENT USE ONLY

Credit Granted <input type="checkbox"/> Yes <input type="checkbox"/> No	If denied- Reason _____
Amount of Credit _____	Terms _____
Signed _____	Date _____