



J. L. Matthews Co., Inc.
620 W. Felix
Fort Worth, Texas 76115
817-924-3360 Phone
www.jlmatthews.com

Fax 817-923-0246

BUSINESS CONTACT INFORMATION

Company name: _____

Name/Title: _____ E-mail: _____

Phone: _____ Fax: _____

Registered company address: _____

City: _____ State: _____ Zip: _____

Billing address (if difference from above): _____

City: _____ State: _____ Zip: _____

Date business commenced: _____

Type of industry: _____

Listed with Dunn & Bradstreet Yes No If yes, provide # _____

Sole Proprietorship Partnership Corporation Other _____

Accounts Payable contact with Email Address _____

Purchasing contact with Email Address _____

BUSINESS AND CREDIT INFORMATON

Primary business address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

How long at current address? _____

Bank name: _____

Bank address: _____

City _____ State: _____ Zip: _____

Checking Savings Other Account #: _____

HOW WOULD YOU LIKE TO RECEIVE INVOICES: _____ BY MAIL _____ EMAIL



AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within five (5) business days.
- 3. By submitting this application, you authorize J. L. Matthews Co., Inc. to make inquiries into the banking and business/trade references that you supplied.

BUSINESS/TRADE REFERENCES

**** Business/Trade reference *MUST* be filled out completely to be accepted ****

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Accounts Receivable Contact:

E-Mail: _____ Type of Account: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Accounts Receivable Contact:

E-Mail: _____ Type of Account: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Accounts Receivable Contact:

E-Mail: _____ Type of Account: _____



AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within five (5) business days.

Amount of credit requested: \$ _____

If credit is approved for your company, will a purchase order be required: Yes No

Please list individual who are authorized to charge to your account:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

AUTHORIZATION

I hereby authorize J. L. Matthews Co., Inc. to obtain any information in regard to this application to help determine applicant's credit status. I understand that all information will be held in the strictest confidence and will be used by the Credit Department of J. L. Matthews Co., Inc. I certify that all information is true and accurate. I agree to pay in accordance with the terms in consideration of extended credit. Furthermore, our firm is financially able to meet any commitments we will make and expect to pay your invoices in accordance with terms of J. L. Matthews Co., Inc. I further agree to pay all costs including, but not limited to, court costs and reasonable attorney fees, should it be necessary to place this account for collection because of late payment beyond the standards of J. L. Matthews Co., Inc. I also agree to pay an interest rate of one and one-half percent (1½%) per month, but not to exceed the maximum permitted by law, on all past due balances.

Signature: _____

Print name: _____

Title: _____

Date: _____

Thank you,
J. L. Matthews Co., Inc.

Please be advised that applications not fully completed will be automatically rejected.