



**JPJ Paints, LLC.**  
 d/b/a Loconsolo of Avenue U  
 2211 Avenue U  
 Brooklyn, NY 11229  
 WWW.LOCONSOLO.COM

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 Office Fax: 718-676-1624

# CREDIT APPLICATION

➔ **FAX "TAX EXEMPT FORM" if you are tax exempt**

<b>COMPANY</b> _____		<i>Date Business Commenced</i>
		/ _____
		<b>HOME TEL #:</b> _____
<b>[ ] OWNER [ ] PRES: (name)</b> _____		
<b>C/O Person if Business is Home Address</b> _____		<b>APT #</b> _____
<b>ATTN: Accts. Payable Person</b> _____		<b>TEL or EXT</b> _____
		<b>STE # or FLOOR</b> _____
<b>BILLING ADDRESS</b> _____		
_____		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>TEL</b> (_____) _____		<b>FAX</b> (_____) _____
<b>CHECK ONE:</b> <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNER		
Soc. Sec.# <input type="checkbox"/> Tax ID <input type="checkbox"/> _____		
➔ <b>MONTHLY CREDIT REQUESTING:</b> \$ _____		
.....		
<b><u>FAX, TEL. #'s; ADDRESSES, ACCOUNT #'s MUST BE SUPPLIED BELOW TO PROCESS</u></b>		
<b>BANK REF(S)</b> _____		
<i>BANK NAME</i>		<i>ACCT #</i>
<b>STREET ADDRESS</b> _____		
_____		
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
<b>TEL</b> _____		<b>FAX</b> _____
<b>THREE (3) TRADE REF(S):</b>		
<b><u>COMPANY NAME</u></b>	<b><u>STREET ADDRESS</u></b>	<b><u>CITY</u></b>
<b><u>STATE</u></b>	<b><u>ZIP</u></b>	
1) _____		
<b>TEL</b> _____		<b>FAX</b> _____
2) _____		
<b>TEL</b> _____		<b>FAX</b> _____
3) _____		
<b>TEL</b> _____		<b>FAX</b> _____
The Undersigned agrees to pay 1.5% per month on Unpaid Balance after 30 Days. In the event that the account is placed for Collection, the Undersigned agrees to pay Collection and/or Attorney's fees equal to 30% of Unpaid Balance.		
➔ <b>SIGNED</b> _____		<b>TITLE</b> _____
		<b>DATED</b> _____
<b>SIGNEE MUST BE ON BANK ACCOUNT</b>		