



JHW Enterprises LLC

P.O. Box: 4105, Clifton, New Jersey 07012

Email: Sales@feltbobs.com, Tel: 973-393-7010, Fax: 973-988-1431

NET-30 DAYS APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Title		Date Business Commenced	
Company name		<input type="checkbox"/> Sole Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
Email			
Registered company address City, State ZIP Code			
BUSINESS AND CREDIT INFORMATION			
City, State ZIP Code		Bank name: Primary business address City, State ZIP Code Phone Account number Type of account <input type="checkbox"/> Saving <input type="checkbox"/> Checking <input type="checkbox"/> Other	
How long at current address?			
Phone			
Fax			
E-mail			
BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Saving <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Saving <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Saving <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	
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 seven working days.			
3. By submitting this application, you authorize JHW Enterprises LLC to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please attached the files after this form

Please send this form and the attachment by email: slaes@feltbobs.com, or by the FAX: 973-988-1431.