



Please email completed forms to Credit@JensenPrecast.com

825 Steneri Way
 Sparks, NV 89431
 Telephone (877) 914-2705
 Fax (775) 359-6364

Location: Arizona
 Northern CA Southern CA
 Northern NV Southern NV
 Hawaii

Do you have an order pending?

Yes No

Do you have a Sales Representative?

If yes, please name _____

CUSTOMER INFORMATION SHEET		
BASIC INFORMATION		
Applicant's Business Name	Phone	FAX
Street Address	City, State & Zip	
Parent Co. (if Subsidiary)	Estimated Annual Volume \$	Credit Amount Requested \$
Mailing Address	City, State & Zip	
Name / Contractor License Holder	Contractor License # / State	Date Company Started
Federal Tax ID #	Tax Resale # (Please attach a copy)	Website

Trade References: (Required)

Three active supplier references (open accounts only)

1	_____				
	Name of Company	Your Account #	Business Address		
	City & State	Zip Code	Phone #	FAX #	Credit Dept Contact Email
2	_____				
	Name of Company	Your Account #	Business Address		
	City & State	Zip Code	Phone #	FAX #	Credit Dept Contact Email
3	_____				
	Name of Company	Your Account #	Business Address		
	City & State	Zip Code	Phone #	FAX #	Credit Dept Contact Email

Banking Reference: (Required)

To be completed on Page 3 of the application

Principals: (Required)

Name	Title	SS#	Address	Phone	Email address



Banking Reference

Bank: _____

Attention: _____

Via fax/email: _____

Customer name: _____

Account number: _____

You are hereby authorized and instructed to provide Jensen Precast with the information requested above.

Signature: _____ Date: _____

Print Name: _____

BANK (This portion to be filled in by banking institution only)

This customer has requested a trade account with Jensen Precast. In order to help us determine whether to extend them a line of credit, your information below is greatly appreciated. This information is being requested as a matter of business courtesy only and will be kept confidential and will not be disclosed to any third party.

- Date Opened: _____
- Average Balance: \$ _____
- Number of NSF's: _____
- Any History of Insufficient funds: _____

- How would you rate this Customer? (Circle One)

Excellent Satisfactory Poor

- Comments: _____

Signature: _____ Date: _____

Thank you for your assistance in this matter. We appreciate your time. Please return this form by fax at 775-473-4996 or by email at credit@jensenprecast.com at your earliest convenience.

Sincerely,

Customer Relations

JENSEN PRECAST

825 Steneri Way - Sparks NV, 89431
(775) 352-6341 - FAX: (775) 473-4996