



THE JOSEPH DEAN CO.
FACTORS

NEW ACCOUNT CREDIT APPLICATION

DATE _____ VENDOR NAME _____ VENDOR FAX: _____

LEGAL COMPANY NAME _____

TRADESTYLE (S) _____

MAILING ADDRESS _____ PHYSICAL ADDRESS _____

PHONE _____ FAX _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

YEARS IN BUSINESS _____ NEW BUSINESS _____ DATE STARTED _____

OWNER'S NAME (S) _____ MANAGER/CONTACT _____

_____ ACCOUNTS PAYABLE _____

ARE PRINCIPALS ASSOCIATED WITH ANY OTHER BUSINESS (NAME) _____

ARE PRINCIPALS ASSOCIATED WITH ANY OTHER PRIOR BUSINESS (NAME) _____

CURRENT FINANCIAL STATEMENTS ATTACHED -- YES _____ NO _____

CURRENT FINANCIAL STATEMENTS AVAILABLE -- YES _____ NO _____

CREDIT LINE REQUESTED _____

GIVE NAME AND RATING OF ANY CREDIT REPORTING AGENCY OF WHICH YOU ARE LISTED

BANK NAME(S) _____ CONTACT _____ PHONE _____

TYPES OF ACCOUNTS OPEN _____ ACCOUNT NUMBER (S) _____

REFERENCES: (FULL NAME, ADDRESS, CONTACT, PHONE NUMBER AND "FAX NUMBER-VERY IMPORTANT")

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE COMPLETE THIS FORM IN FULL TO EXPEDITE CREDIT INVESTIGATION.