



CREDIT APPLICATION

We thank you for requesting credit terms with Jorlink USA, Inc. and for choosing to do business with us.

At your convenience, please fill out the credit application below and fax (212-656-1499) or e-mail (accounting@jorlink.com) it back to us.

A credit background check with D&B/Cortera, or one of major credit sources will be made in order to establish your credit line and terms. For international clients, we will require credit card information as default backup in the event payment terms are not met within 10 days after NET DUE date.

You will receive confirmation by way of your local representative or by e-mail which may take 24-48 hours to establish.

Again, we thank you for your patronage and please don't hesitate to contact us if you have any questions.

Accounting Dept. @ Jorlink USA, Inc.- 3714 Alliance Dr. Ste 100 Greensboro, NC 27407

Tel: (336) 288-1613, Ext. 209, Fax (212) 656-1499, e-mail: accounting@jorlink.com

Payments should be made to: Jorlink USA, Inc. | 3714 Alliance Dr. Ste 100 Greensboro, NC 27407

Wire Transfer: Bank: Bank of America (NC4-205-01-01)

Bank Address: 629 Green Valley Road, Greensboro, NC 27408 * Tel (336) 805-3205

Reference: c/o Mackenzie Quiros, DBA: Jorlink USA

Bank Routing: 053000196 \ Account #: 237008843281

Wire/AVA#: 026009593 \ Swift#: BOFAUS3N



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3714 Alliance Dr. Ste 100
Greensboro, NC 27407

e-mail: accounting@jorlink.com

Tel: (336) 288-1613 Fax: (212) 656-1499

web: www.jorlink.com

NAME OF FIRM _____ DATE _____

Please provide & select one: D&B # [] \ SS# [] or EIN # [] _____

ADDRESS _____

CITY _____ STATE OR PROVINCE _____ ZIP/POSTAL CODE _____

TELEPHONE _____ FAX _____

PRINCIPAL OFFICERS OF FIRM _____ POSITION _____

BANK NAME _____ ACCOUNT # _____

BANK ADDRESS _____ BANK PHONE # _____

CREDIT LINE \$ _____ IS FIRM _____ YEARS _____
REQUIRED

INCORPORATED? _____ PST EXEMPTION
ESTABLISHED? _____ NUMBER _____

Email or web site: # OF

CREDIT REFERENCES:

EMPLOYEES

BUSINESS NAME		TELEPHONE #
CONTACT PERSON	ACCOUNT #	FAX # (important)
BUSINESS NAME		TELEPHONE#
CONTACT PERSON	ACCOUNT #	FAX # (important)

(1) It is agreed and understood that title to all products on this invoice shall remain the property of Jorlink until full payment is made. Buyer agrees that product may be repossessed at Seller's option upon default of payment terms. A finance charge of 1.5% per month (18% per year) will be charged on all past due invoices. Any invoice amount not paid within forty days will be billed to Buyer's credit card, if on file. (2) Returns may be made only within five days of receipt and will result in a 25% restocking fee upon shipment of product. (3) See the back for warranty information and limitations. (4) Please visit http://www.jorlink.com/page.aspx?page_id=111 for detail information. (5) "These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited."

Rev. 07-01-2014_MQ

The following form must be completed and signed in order for Jorlink USA, Inc. to bill your credit card for the products you have ordered. This form authorizes **Jorlink** to bill the amount shown below in accordance with our terms. **A FAXED COPY of CREDIT CARD and CARDHOLDERS ID (Drivers License or Other) must be faxed to (212) 656-1499.** (El siguiente formulario tiene que ser llenado y firmado para poder hacer el cobro a su tarjeta de crédito por los productos que nos a pedido).

CREDIT CARD AUTHORIZATION FORM

(AUTORIZACION DE COBRO EN TARJETA DE CREDITO)

I () hereby authorize the use of the following credit card for payment to **Jorlink** in the amount of
US \$_____ for the following company: _____.

Credit Card information (must be completed to process):

Card Type: MasterCard_____ Visa_____ American Express_____

Name exactly as it appears on credit card: _____
(Nombre en la Tarjeta de Crédito)

Credit Card Number: _____
(Numero de Tarjeta de Crédito)

Expiration Date:_____ **Three or Four Digit Authorization Code in front or back of Card:**_____

(Fecha de Expiración)

Credit Card's Billing Address (Donde se cobra la Tarjeta):

Street Address (Direction)

City (Ciudad)

State (Estado)

Zip/Postal Code (Código Postal)

Country (País)

Telephone (Telefono)

Fax

Credit Card Holder's Signature (Firma de autorizacion):

Date

Please include credit card Bank information along with a fax copy of credit card.

Credit Card Issuing Bank Name: _____

Address: _____

City, State, ZIP, Country: _____

Phone: _____ **Fax:** _____