



Jackel Credit Application

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Shipping Address: _____

Telephone: _____ Fax: _____

Contact: _____ Title: _____

Corporation: _____ Yes _____ No Years in business _____

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

Contact: _____ Telephone: _____

List four trade references including City, State and Telephone

1 _____

2 _____

3 _____

4 _____

Jackel Sales Rep: _____

Have you previously sold Jackel products: _____

Please fax credit application to 574-256-6966