



Jacobs Corporation

FORM# J03F010A

PO Box 727 Harlan, IA 51537-0727

Rev 02

Direct Phone: (712) 755-3131 (800) 831-2005

Email: AR@JACOBCORP.COM

NEW ACCOUNT/CREDIT APPLICATION

Payment Terms Requested (Choose one)

Option 1:

☐ Payment with order placement

Select form of Payment:

☐ Wire Transfer/ACH

☐ Credit Card

Option 2:

☐ Terms Net 30

☐ Credit Line Requested: \$ _____

****US Trade References Required**

JACOBS CREDIT TERMS ARE: Net 30 days from date of invoice. There will be a finance charge of 2% per month on all past-due amounts. Minimum charge is \$5.00 per month.

OR

Company Information

Legal Company Name: _____

Firm/Trade/DBA Name: _____

Tax ID*: _____ ***US- Please Attach your W-9**

ID Country of Origin: _____

DUN's #: _____

Bill to Address

Email Invoices: _____ Is a PO# Required Yes ☐ No ☐

Street/P.O. Box: _____

City/State/Zip: _____

Country: _____

Ship to Address

Within City Limits? ☐

Street Address: _____ Ship to County: _____

City/State/Zip: _____ Ship to Country: _____

Special Instructions: _____

United States Only:

Purchases Taxable?: Yes ☐ No ☐ ****If No, please attach Exemption Cert/Direct Pay Permit, Etc. REQUIRED**

Contacts

Accounting:

Purchasing:

Name: _____ Name: _____

Payment Status Email: _____ Email: _____

Payment Status Telephone: _____ Telephone: _____

Credit History

Trade References (Must be US trade references):

****Only complete if requesting terms**

Name: _____ Account#: _____

Address: _____ Email and Phone: _____

Name: _____ Account#: _____

Address: _____ Email and Phone#: _____

Name: _____ Account#: _____

Address: _____ Email and Phone#: _____

Bank Name

Name of Officer

Phone #

Has this company or any officers, directors or owners of the company ever filed a voluntary petition of bankruptcy, been adjusted bankrupt or made an assignment for the benefit of creditor? Yes No

If yes, Who and When: _____

Has a tax lien or civil suit been filed against this company or any of its officers, directors, or owners within the past five years? Yes No

Tell us about your Company: _____

How long in Business? _____

Industry Type: _____

Do you have a Pelletmill: Yes No

Do you have a Hammermill: Yes No

Current Equipment: _____

Current Equipment Model #: _____

CREDIT RELEASE AUTHORIZATION

For the purpose of obtaining merchandise on credit I authorize

Your Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Account Number: _____

To release credit information to:

Jacobs Corporation
1210 7th Street
PO Box 727
Harlan, IA 51537
800-831-2005
712-755-3131

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on the agreement to furnish any and all information requested by Jacobs Corporation or its representative, by telephone or written correspondence.

The undersigned warrants that the information is true and correct.

As an inducement to grant credit, the undersigned agrees to Jacobs Corporation's right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____

SECURITY AGREEMENT UPON DEFAULT: I hereby grant to Jacobs Corporation a security interest in all of my accounts receivable, documents and instruments, warehouse receipts, government payments, general intangibles and accounts, and all proceeds of the foregoing, whether now owned or hereafter acquired, to secure payment of my obligations hereunder, provided, however, that this security interest shall not become effective until such time as I am in default under their terms of this Agreement. Upon my default, Jacobs Corporation is hereby authorized to execute, if necessary, and to file on my behalf any and all documents as may be necessary to perfect such security interest. The security interest granted hereunder is not in limitation of any liens in favor of Jacobs Corporation that may arise by operation of law.

I hereby agree to pay reasonable collection cost, attorney fees and court costs if necessary to collect any past-due amount.

Company Name: _____

Signed By: _____ Title: _____

Printed Name: _____

Please send completed form to AR@JACOBOSCOPR.COM

In House Use Only:

Account Number: _____

Customer Class: _____

Territory Number: _____