



Nov 18, 2013

TO: Agents & Showrooms

Enclosed please find our revised Customer Application that we want you to use going forward. One of the most notable changes is the area to select a business code for the customer's primary business. We anticipate that this additional information will help us tailor certain products to our customers.

Email completed applications to

credit@jab.us

or

fax to 718-361-0159

JAB USA, INC.

155 East 56th Street, 4th Floor
New York, New York 10022
Tel 718-706-7000, Fax 718-361-0159
E-Mail: info@jab.us
www.jab.us



Customer Application

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ship to Address (if different from billing): _____

Telephone: _____ Fax: _____ Residential Hospitality Manufacture

Email: _____ Website: _____

Owner Names: _____ email: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Code (Check one only)

- | | | | |
|-------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> 1 Int. Designer with shop | <input type="checkbox"/> 65 Yacht builders/Ship Furnishing | <input type="checkbox"/> 95 - Theatre/Museum | <input type="checkbox"/> 219 - RV MFG |
| <input type="checkbox"/> 2 Interior Designer w/o shop | <input type="checkbox"/> 71 Hotel Groups (HQ) | <input type="checkbox"/> 200 - Aircraft MFG | |
| <input type="checkbox"/> 3 Workroom | <input type="checkbox"/> 79 Contract Designer | <input type="checkbox"/> 209 - Furniture MFG | |
| <input type="checkbox"/> 11 Dept. Store | <input type="checkbox"/> 80 Architect | <input type="checkbox"/> 213 - Model Homes | <u>Email Pricelist ?</u> |
| <input type="checkbox"/> 38 Trade Journal/magazine | <input type="checkbox"/> 81 Purchaser | <input type="checkbox"/> 217 - Upholsterer | <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> 44 Wallcover Wholesale | <input type="checkbox"/> 82 Specifier | <input type="checkbox"/> 218 - Wallpaper Store | |

Bank Name: _____ Bank Telephone #: _____

Account No: _____ Bank Contact Name: _____

Trade References Dun & Bradstreet No: _____

1. _____
Name & Address Phone Account #

2. _____
Name & Address Phone Account #

3. _____
Name & Address Phone Account #

I agree to pay interest at a rate of 1 1/2 % per month (18%per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay in consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment. This is your authority to charge 1 1/2 per month (18% per annum) on all past due amounts. The below signatures also grant JAB the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature _____ Date _____

Print Full Name _____ Title _____

Agent/Office use only
Representative Name _____ Rep Code _____

Send completed applications to credit@jab.us or fax to 718-361-0159