

**JACKSON TRAILER & EQUIPMENT, INC.**  
**P O BOX 6366**  
**PEARL, MS 39208**  
**TELEPHONE: 601-664-0191**  
**FAX: 601-932-1971**  
**NEW CUSTOMER/CREDIT APPLICATION**

**APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO BE PROCESSED**  
**PLEASE ALLOW 24 TO 48 HOURS FOR PROCESSING**

Legal Company Name:		Telephone #
Mailing Address for Invoices:	OR	Email Address for Invoices:
City/State/Zip		Fax #
General Contact Name:	<b>Tax Exempt: YES / NO</b>	
Telephone #	IF TAX EXEMPT, MUST RETURN COPY OF	
Email:	EXEMPTION CERTIFICATE WITH APPLICATION.	
Accounts Payable Contact:		
Telephone #		
Email:		
Purchase Order Contact:	<b>Purchase Required: YES/NO</b>	
Telephone #		
Email:		
Entity Type (check one)	Dun & Bradstreet#	Federal Tax ID#
<input type="checkbox"/> Corporation		
<input type="checkbox"/> Partnership (Please complete owner info below)		
<input type="checkbox"/> Proprietorship (Please complete owner info below)		
1. Principal Owner	% of Ownership	Social Security #:
Home Address:	City/State/Zip	Home Telephone:
2. Principal Owner	% of Ownership	Social Security #:
Home Address:	City/State/Zip	Home Telephone:

**Credit/Trade References:**

Company Name/Account #:	Contact:	Telephone:
		Fax:
Company Name/Account #:	Contact:	Telephone:
		Fax:
Company Name/Account #:	Contact:	Telephone:
		Fax:
Company Name/Account #:	Contact:	Telephone:
		Fax:

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes the firm or person to whom this application is made and any credit bureau or investigation agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Signature:	Title:	Date:
------------	--------	-------