



P.O. Box 15370, Fort Wayne, IN 46885
 Phone 260.485.5264
 Fax 260-969-0568
<http://www.jhspecialty.com/>

New Customer Account Information

To: Accounting Department From: _____
 Fax: 260-969-0568 Pages: _____
 Phone: 877-954-7732/260-485-5264 Date: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION AND FAX IT TO: 260-969-0568

CUSTOMER CONTACT INFORMATION:

Company Name (if applicable): _____
 Contact Name: _____
 Address: _____
 City, State, Zip Code: _____
 Phone #(s): _____ Fax #: _____
 Email Address: _____

CREDIT CARD INFORMATION:

Mastercard Visa Discover American Express
 Name on the Credit Card: _____
 Credit Card Number: _____ Exp. Date: _____
 Security Code: (see back of card for last 3 digits of the 7 digit number) _____
 Billing Address: _____

TERMS:

Prepay Net 10 Net 30

SECURED CREDIT CARD:

Please provide the appropriate information requested above. This information is only collected to ensure payment if the terms of our agreement is not met. JH Specialty will allow an extended 15 days beyond original terms before the above credit card will be used as payment for all past due amounts. JH Specialty will contact you on the day that your credit card will be processed to give you a final chance to pay by another means, and to allow you to make note on your account.

PERSONAL GUARANTEE:

By signing and returning this contract you acknowledge that you agree to personally guarantee that all payments will be paid to JH Specialty, Inc. The undersigned unconditionally and irrevocably guarantees to JH Specialty, Inc. the prompt payment of all monies due per the terms agreed upon on this document. The undersigned agrees to pay all costs and expenses, including to but not limited to attorney fees, incurred by JH Specialty, Inc. in enforcing this agreement. The undersigned waives notice of acceptance, presentment, demand, protest, notice of protest or notice to default and acknowledges that JH Specialty, Inc. may proceed directly with the undersigned. This guarantee shall bind heirs, representatives, successors and assigns of the undersigned.

Signature _____ Date _____

Printed Name _____ Company Name _____