

**JOHNSON & TOWERS  
JOHNSON TRUCK, LLC.  
DOVELL & WILLIAMS, LLC**

JOHNSON CORPORATION  
2021 BRIGGS ROAD  
MT. LAUREL, NJ 08054

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**FOR OFFICE USE ONLY:**

**CREDIT APPLICATION**

**ACCOUNT #** \_\_\_\_\_

**SALESMAN #** \_\_\_\_\_

\*PLEASE PRINT OR TYPE

GENERAL INFORMATION			
NAME OF COMPANY:			
DBA (If different from above):			
BILLING ADDRESS:	CITY:	STATE:	ZIP:
SHIPPING ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NO.: (    )	FAX NO.: (    )		
LINE OF CREDIT REQUESTED: \$	EMAIL ADDRESS:		

REFERENCES			
BANK	BANK:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE:      ZIP:
	TELEPHONE NO.: (    )	FAX NO.: (    )	
TRADE # 1	COMPANY:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE:      ZIP:
	TELEPHONE NO.: (    )	FAX NO.: (    )	
TRADE # 2	COMPANY:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE:      ZIP:
	TELEPHONE NO.: (    )	FAX NO.: (    )	
TRADE # 3	COMPANY:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE:      ZIP:
	TELEPHONE NO.: (    )	FAX NO.: (    )	

I AUTHORIZE THE ABOVE LISTED BANK AND TRADE REFERENCES TO RELEASE INFORMATION NECESSARY TO ESTABLISH A CHARGE ACCOUNT WITH JOHNSON CORPORATION: JOHNSON & TOWERS INC., JOHNSON TRUCK CENTER, LLC.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

**JOHNSON CORPORATION (JTC & J&T)**

COMPANY BACKGROUND			
TYPE OF BUSINESS:		SS OR EIN #:	
NO. OF YEARS IN BUSINESS:		YEARS UNDER PRESENT MGMT.:	ARE P.O.'S REQUIRED? (Y/N):
TYPE OF COMPANY:		PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
CORPORATION <input type="checkbox"/>			
TAX STATUS: TAXABLE <input type="checkbox"/> EXEMPT <input type="checkbox"/>			
If exempt a state tax form must accompany this application. Tax will otherwise be charged until completed form is received.			
OWNERS, PARTNERS OR CORPORATE OFFICERS	NAME:		
	ADDRESS:		CITY/STATE/ZIP:
OWNERS, PARTNERS OR CORPORATE OFFICERS	NAME:		
	ADDRESS:		CITY/STATE/ZIP:
OWNERS, PARTNERS OR CORPORATE OFFICERS	NAME:		
	ADDRESS:		CITY/STATE/ZIP:
A/P CONTACT	NAME:	PHONE NO.: (    )	FAX NO.: (    )
SHOP CONTACT	NAME:	PHONE NO.: (    )	FAX NO.: (    )
PURCH. AGENT	NAME:	PHONE NO.: (    )	FAX NO.: (    )

**THE UNDERSIGNED AUTHORIZES RELEASE OF ALL BANKING AND CREDIT INFORMATION, BOTH BUSINESS AND PERSONAL REQUESTED BY JOHNSON CORPORATION: (JOHNSON & TOWERS INC, JOHNSON TRUCK CENTER, LLC). THIS FORM MAY BE REPRODUCED OR PHOTOCOPIED AND A FAX COPY SHALL BE EFFECTIVE CONSENT AS THE ORIGINAL WHICH I HAVE SIGNED. TERMS: NET-30 DAYS UNLESS OTHERWISE STATED. WE RESERVE THE RIGHT TO CHARGE 1 ½% PER MONTH (18% PER ANNUM) INTEREST ON ALL PAST-DUE ACCOUNTS. IN THE EVENT THAT IT BECOMES NECESSARY TO PLACE THIS ACCOUNT WITH AN ATTORNEY FOR COLLECTION, UNDERSIGNED AGREES TO BE LIABLE FOR SAID COST, INCLUDING COURT COSTS AND ATTORNEY FEES.**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_