



Credit Application

JR Associates, LLC
 400 W. Broadway Suite 1
 Box #159
 Missoula, Montana 59802

F	Name	_____
R	Address	_____
O	City/State/Zip	_____
M	E-Mail	_____
	Phone	_____

Type of Institution Educational Religious Community Business

What year established: _____ Tax ID Number: _____

Contact info of Financial Officer/Treasurer	Name/Title/Phone Number/Email
_____	_____
_____	_____
_____	_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, Phone and Email

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED	_____
	TITLE	_____
	DATE	_____