**Japji Wholesale LLC**
5808 Westview Ln
Lisle, Illinois 60532

Phone: +1 773-681-4295
Email: japjiwholesale@gmail.com
Web: www.japjiwholesale.com

This form MUST be filled out entirely

# New Account / Credit Application

Applying as: ☐ Wholesale Customer Account ☐ Regional Distributor

| First Name | Last Name | Telephone Number |
|---|---|---|
| | | |

| Business / Store Name (or parent company if division or subsidiary) | Fax Number |
|---|---|
| | |

| Email Address | Driver's License Number |
|---|---|
| | |

| Billing Address | Shipping Address |
|---|---|
| | |

| City, State, ZIP Code | Private or Corporation, and Date of Incorporation |
|---|---|
| | |

## PRINCIPAL PARTNERS, OWNERS OR OFFICERS

| Name(s) & Title(s) of Person(s) Authorized to Purchase | Home Telephone | Social Security Number |
|---|---|---|
| 1) | | |
| 2) | | |
| 3) | | |

## GENERAL INFORMATION

| Business Description | Business License Number | Year Established |
|---|---|---|
| | | |

| Resale Certificate Number | Resale Certificate Expiration Date | Federal Tax ID Number |
|---|---|---|
| | | |

## PLEASE LIST THREE TRADE CREDIT REFERENCES YOU HAVE ESTABLISHED

| Company Name | City, State | # of Years | Telephone and Fax Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## BANK REFERENCES

| Bank Name | Telephone and Fax Number |
|---|---|
| | |

| Address | Account Number |
|---|---|
| | |

| City, State, ZIP | Contact Name |
|---|---|
| | |

All information stated on this application is correct. Japji Wholesale LLC is authorized to make any inquiries to banks or others about these finances, credit and personal references as it deems necessary, and to provide information to others as permitted by law.

**PROPRIETOR GUARANTY** — By signing this application, I acknowledge that I have personally guaranteed the debts and obligations of my business, and I agree that I am personally obligated to perform all of the terms of, and make all payments required by, the agreement of which this application is a part.

**** (2) Signatures Required**

| Signature | Title | Date |
|---|---|---|
| Witness Signature | Title | Date |

## FOR OFFICE USE ONLY — Customer Number: _____

| Credit Amount Approved | Salesperson | Credit Checked By | Management Approval | Controller Approval |
|---|---|---|---|---|
| | | | | |