



www.cardjacksers.com

HIJACKING THE INDUSTRY ONE CARD AT A TIME

To order by phone: 740-360-4970. To order by fax: 740-587-3147

Email: info@cardjacksers.com • Web site: www.cardjacksers.com

CREDIT ACCOUNT APPLICATION & AGREEMENT

In order to ship future orders Net 30, please complete this form completely and return for processing.

Legal Company Name: \_\_\_\_\_ Tax I.D. No. \_\_\_\_\_
Doing Business As: \_\_\_\_\_ Attach copy of "resale" certificate (if applicable)
Billing Address: \_\_\_\_\_ [ ] Sole Proprietor
City/State/Zip: \_\_\_\_\_ [ ] Partnership
Shipping Address: \_\_\_\_\_ [ ] Corporation
City/State/Zip: \_\_\_\_\_ Date business started: \_\_\_\_\_
Telephone: \_\_\_\_\_ How long has present owner operated business? \_\_\_\_\_
Contact: \_\_\_\_\_ Owner's Name(s): \_\_\_\_\_

This business is: Stationery Store \_\_\_\_\_ Party Store \_\_\_\_\_ Discount Store \_\_\_\_\_
Gift Store \_\_\_\_\_ Dept Store \_\_\_\_\_ Other \_\_\_\_\_

VENDOR REFERENCES:

Please indicate those companies on the back side of the form with which you have established credit and list other vendor references below.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
Name Name Name
Address Address Address
City/State/Zip City/State/Zip City/State/Zip
Phone Phone Phone
Account # Account # Account #

BANK REFERENCES:

Name of Bank: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Telephone: \_\_\_\_\_
Account #: \_\_\_\_\_
Bank Officer: \_\_\_\_\_

I/We hereby authorize the above named bank to release account information to support this application for credit.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

AGREEMENT:

The undersigned agrees to the following:

TERMS AND CONDITIONS: First order prepaid by Visa/MasterCard/AMEX to expedite shipment. Net 30 terms only with approved credit. Current credit references and a bank reference are required. Allow up to four (4) weeks for a credit check. Reorders to past due accounts will not be shipped with net 30 terms. All past due accounts will be placed on prepayment or credit terms only. There will be a \$15.00 NSF Fee for returned checks. Delinquent accounts turned over for collection will be charged for all fees incurred. Product prices are subject to change without notice.

RETURNS OR SHORTAGES: No returns will be accepted or credits issued without prior authorization from Cardjacksers. All claims for missing, damaged, or defective merchandise must be made within ten (10) days from receipt of goods. There will be a restocking fee on all non-defective merchandise returned.

OPENING ORDER/MINIMUM REORDER: \$100.00

I/We submit the information contained in this application for credit and warrant same to be true and accurate as of the date affixed thereto. I/We understand the terms listed above and have read the Cardjacksers Terms and Conditions of Sale. Applicant's signature attests financial responsibility and willingness to pay Cardjacksers invoices in accordance with invoice terms.

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_