

JonyJib Dealer Application/Information

Where are your headquarters located?

Company Name _____
Corporate Address _____
City/State/Zip _____
Province/Country _____
Phone _____
Fax _____
Website _____
Principal(s) Name(s) _____

Where do we send invoices?

Billing Address _____
City/State/Zip _____
Province/Country _____
Phone _____
Fax _____
Email Address _____
Contact Name _____

Preferred method of payment (Visa M/C, Discover, AMEX, or CHECK* US FUNDS ONLY)

Please keep my credit card on file for future orders and certifications.

Card Type _____ Card# _____ Expiration date _____
Name as it appears on card _____
Authorized Signature _____

Where do we send shipments?

Ship to Address _____
City/State/Zip _____
Province/Country _____
Phone _____
Fax _____
Email Address _____
Contact Name _____

Preferred method of shipment: UPS FedEx specify _____
Please use shipper acct number _____

JonyJib Dealer Application/Information (cont.)

Type of Business: corporation partnership proprietorship

Do you have multiple locations? No Yes where? _____

Main Products Rep'd: _____

Year Established: _____

Number of Employees: _____

Resale / Sales Tax#: _____

Are you a dealer for, or do you rep any products competing with JonyJib? No Yes (list any)

We do not carry open accounts. We accept AMEX, MasterCard, Visa, PayPal and business checks. Payment is required at the time of order. We prefer purchase orders faxed or emailed.

Please fax a signed Certificate of Resale and this application to 209-632-9677 so that we can start processing your application as soon as possible. Also mail this original agreement and application to JonyJib.

I certify that all statements made by me in this application are correct to my knowledge. I authorize JonyJib to investigate and verify the information I have provided herein.

DEALER'S AUTHORIZED REPRESENTATIVE

Signature

Print Name

Title

Date



JonyJib
2494 Acme Court
Turlock CA 95380
209-667-7322
209-632-9677 Fax