



CUSTOMER #

ROUTE #

A/C TERMS

SALESMAN: _____

CUSTOMER INFORMATION

NEW ACCOUNT

CHANGE OF INFORMATION

STORE NAME: _____ BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ CELL: _____ **INDIANA CIG LIC#:** _____

eMAIL: _____ EIN #: _____ SALES TAX #: _____

AUTHORISED PERSON: _____ PHOTO ID#: _____

(PLEASE SUBMIT A COPY OF VALID PHOT ID)

I / We hereby authorize **J J DISTRIBUTORS**, to initiate entries to my / our checking or savings account to the financial institution below -

ACCOUNT TYPE: CHECKING SAVINGS NAME ON ACCOUNT: _____

BANK: _____ A/C NUMBER: _____ ROUTING # _____

PLEASE PROVIDE A CANCELED CHECK FOR VARIFICATION PURPOSE

This authority is to remain in full force and in effect until Company has received written notification from retailers of its termination and in such time and manner as to afford Company and depository a reasonable opportunity to act on it. In case of Non-payment on check - ACH will be submitted from the same account from which check has been returned. I understand that J J Distributors LLC requires 14 days advance written notice for any changes in the Bank Account, Transit (ABA) or request for cancellation of the EFT (ACH) process. Any accounts that has a check returned to J J Distributors LLC due to any reason, will be charged a \$50.00 service charge (per returned check). Authorized person and owner of the business, hereby personally guarantee to store's payment of any obligation of the Company and I hereby agree to bind myself to pay **JJ Distributors LLC** on demand any sum which may become due to JJ Distributors LLC by the Company whenever the Company shall fail to pay the same. It is understood that the guaranty shall be continuing and irreversible guaranty and identify for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guarantee, and to all renewals of extension of credit. BY SIGING THIS APPLICATION, YOU ARE AGREE TO NJ'S & JJ'S ALL TERMS & POLICIES.

Important—Certificate not valid unless completed.

RESALE CERTIFICATE  **Check Applicable Block**

Blanket
Single Purchase

I hereby certify that _____
Name of Business Address

holds a valid Sales and Use Tax Permit, Account No. _____, issued pursuant to the sales and use tax law and is engaged in the business of selling, leasing or renting, industrial processing or manufacturing the following:

I further certify that the tangible personal property or digital property described herein which I shall purchase from:
J J DISTRIBUTORS LLC 1126 ULRICH AVENUE, LOUISVILLE KY 40219

Name of Seller Address

will be resold in the regular course of business, or leased or rented, as provided by Regulation 103 KAR 28:051, or used, as provided in KRS 139.470(10), in the manufacture or industrial processing of tangible personal property or digital property which will be resold. In the event any property purchased under this certificate is used for any purpose other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, it is understood that I am required by law to report and pay the tax measured by the purchase price of such property. Description of property to be purchased: Including but not limited to CIGARETTE, TOBACCO PRODUCTS, TOBACCO ACCESSORIES, GENERAL MERCHANDISE, HBO, SNACKS, E-CIGARETTES, STORE SUPPLIES, JEWELRIES, CANDY, MEAT PRODUCTS, FOOD PRODUCTS, CLOTHING, BEVERAGE, etc.

Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

AUTHORISED PERSON'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

BY SIGING THIS APPLICATION, YOU ARE AGREE TO NJ'S & JJ'S ALL TERMS & POLICIES.

MAILING ADDRESS:
3301 FERN VALLEY ROAD
LOUISVILLE. KY 40213

CLUB ADDRESS:
1126 ULRICH AVENUE,
LOUISVILLE. KY 40291

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WWW.JJDISTRIBUTORSLLC.COM