



777 S. Central Ave
Los Angeles, CA 90021
Ph. 213 622 9287

JACK'S CANDY

New Customer Information and Credit Application

Company Name _____	Buyer Name: _____
Billing Address _____	City, State, Zip _____
Shipping Address _____	City, State, Zip _____
Telephone # _____	Cell # _____
Email: _____	
In Business since: _____	Fed Tax ID# _____
Tax Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt	
State resale tax exempt# (Attach Certificate) _____	DUNS# _____

How do you prefer to receive your Invoices: Mail Email

Email Address: _____

Shipping Needs	
Residential Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lift Gate Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Appointment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inside Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No
Open Monday - Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of operation: _____
If not, please list days closed: _____	

Credit Card Information:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Billing Name (as it appears on the card) : _____		
Billing Address: _____		
City: _____	State: _____	Zip: _____
Credit Card #: _____		
Expiration Date: _____	CW Code: _____	
Please check box to authorize all ongoing orders by Jack's Candy to be charged to this credit card: <input type="checkbox"/>		
Authorized Signature: _____		Date: _____

Terms of Sale: All orders are prepaid until credit terms are approved. Credit Terms are 15 days from date of invoice should credit be granted. Prices are subject to change without notice. The minimum for first order is \$250.00. Past due amounts are subject to interest at 1.5% per month.

Agreement to Terms		
I affirm that the information provided on this application is correct. I have read, understand, and agree to the Terms of Sale above. I personally guarantee the payment of all outstanding invoices as well as accrued interest and reasonable cost of collection, including attorney fees.		
Print Name: _____	Title: _____	Date: _____
Signature: _____		

(office use only) Company Sales Rep _____	Acct # _____
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