

# **WHOLESALE APPLICATION**

## **BUSINESS INFORMATION** Please email a copy of the Resale/Tax Certificate to us at: [wholesale@joandjax.com](mailto:wholesale@joandjax.com)

COMPANY NAME

SHIPPING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

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BILLING ADDRESS   
(IF DIFFERENT)

CITY

STATE

ZIP CODE

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ACCOUNTS PAYABLE CONTACT

PHONE / EXT

E-MAIL

RESALE / TAX CERTIFICATE   
(REQUIRED)

## **NAME(S) OF PRINCIPLE OWNERS OR OFFICERS**

NAME

TITLE

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NAME

TITLE

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NAME

TITLE



## TRADE REFERENCES

|                |                      |
|----------------|----------------------|
| COMPANY NAME   | <input type="text"/> |
| CONTACT NAME   | <input type="text"/> |
| ACCOUNT NUMBER | <input type="text"/> |
| PHONE NUMBER   | <input type="text"/> |

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|                |                      |
|----------------|----------------------|
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| CONTACT NAME   | <input type="text"/> |
| ACCOUNT NUMBER | <input type="text"/> |
| PHONE NUMBER   | <input type="text"/> |

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|                |                      |
|----------------|----------------------|
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| CONTACT NAME   | <input type="text"/> |
| ACCOUNT NUMBER | <input type="text"/> |
| PHONE NUMBER   | <input type="text"/> |

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## TERMS AND CONDITIONS

Yes I accept these terms and conditions

I understand that my acceptance to these Terms and Conditions constitutes my original signature.

I agree to pay for the full amount at the end of the 15 days. I agree to accept a finance charge (10% APR) on all past due accounts.

I hereby authorize all references to release credit information regarding our company to Jo + Jax Inc, for application purposes. I also agree that should Jo + Jax be forced to hire a collections company to collect my delinquent account balance I am liable for, and will be charged for all costs incurred. I also certify, under penalty of perjury, that all information provided above is true and correct.