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 3300 WEST CASTOR STREET, SANTA ANA CA 92704-3908



DATE _____

J&R ACCOUNT # _____

RPG ACCOUNT # _____

CREDIT INFORMATION

BILL TO			SHIP TO		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

CONTACT #1			CONTACT #2		
NAME	Owner <input type="checkbox"/> Buyer <input type="checkbox"/> Accts. Pay. <input type="checkbox"/>	PHONE #	NAME	Owner <input type="checkbox"/> Buyer <input type="checkbox"/> Accts. Pay. <input type="checkbox"/>	PHONE #
FAX	E-MAIL		FAX	E-MAIL	

ORDER INFORMATION & SPECIAL INSTRUCTIONS

Substitution accepted Yes No Back Order accepted Yes No Purchase Order # Required Yes No

Particular Shipping Method Required _____ Special Carton Markings Required _____

Special Instructions: _____

COMPLETE IF CORPORATION			COMPLETE IF INDIVIDUAL OR PARTNERSHIP		
Corporate Name			#1 Principal (Owner)	Social Security #	
Address			Home Address	City/State/ Zip	Home Phone #
City	State	Zip	#2 Principal (Owner)	Social Security #	
President	Phone#		Home Address	City/State/ Zip	Home Phone #

CREDIT CARD

BILL MY : VISA MASTERCARD

ACCOUNT # _____ EXPIRATION DATE _____

NAME ON CREDIT CARD (PLEASE PRINT) _____ SIGNATURE _____

Call for more information on our prepayment incentive. IF CREDIT CARD IS AUTHORIZED TO PREPAY ALL FUTURE ORDERS CHECK BOX

ACCOUNT INFORMATION

Date business started _____ Does business have multiple locations Yes No

Date of present ownership _____ Change of ownership Yes No (If yes, did you assume old debt) Yes No (If yes, attach bulk transfer papers)

STORE CLASSIFICATION

Art/Hobby/Craft Card/Stationary Drug Gift Hospital Office Supply U.S. Postal Service

Book College Book Florist/Nursery Grocery Liquor Packaging/Shipping Other _____

BANKING

Bank Name _____ Checking Acct. # _____

Address _____ Savings Acct. # _____

City/State/Zip _____ Loan Acct. # _____

RESALE TAX PERMIT

We ask that you please fill out the following State Resale Tax Identification Permit. A valid resale permit allows us to sell you our product without charging tax.

FIRM NAME _____ I HEREBY CERTIFY, That I hold a valid seller's permit No. _____ Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling _____ that the tangible personal property described therein which shall be purchased from JILLSON & ROBERTS will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property. Description of property to be purchased: GIFT WRAPPING MATERIALS

SIGNATURE _____ TITLE _____ DATE _____

TERMS: APPLICANT AGREES THAT THE EXTENSION OF CREDIT SHALL BE IN CONSIDERATION OF THE FOLLOWING: 1. Payment will be made of amount due on each invoice. 2. Amounts not paid on time are subject to a 1% per month (or maximum allowable charge by law in the state in which the sale is made) late-payment charge to be assessed from the first day that the balance is past-due. However, no such charge shall be imposed when doing so would violate law. 3. Should it be necessary to refer the account balance to a collection agency or attorney for legal action, applicant agrees to pay a 20% collection fee, reasonable attorney fees and court costs. 4. Applicant authorizes JILLSON & ROBERTS the right to investigate credit references and banking information. Returns are allowed only with prior written authorization.

SIGNATURE _____ TITLE _____ DATE _____