

Resale Sellers Permit #	Tax ID #	CREDIT APPLICATION	J&R Account #
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BILL TO			SHIP TO		
Name			Name		
Company			Company		
Address			Address		
City	State	Zip	City	State	Zip

BUYER INFORMATION			ACCOUNTS PAYABLE		
Name	Owner <input type="checkbox"/> Buyer <input type="checkbox"/>	Phone #	Name	Phone #	
Fax	Email		Fax	Email	

ORDER INFORMATION & SPECIAL INSTRUCTIONS					
Substitution Accepted	<input type="checkbox"/> YES <input type="checkbox"/> NO	Backorder Accepted	<input type="checkbox"/> YES <input type="checkbox"/> NO	Purchase Order # Required	<input type="checkbox"/> YES <input type="checkbox"/> 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 #

BILL MY:	CREDIT CARD INFORMATION			BANK INFORMATION		
VISA <input type="checkbox"/>	Credit Card #	Expiration Date	CVV Code	Bank Name	Checking Account #	
MC <input type="checkbox"/>	Name on Credit Card (Please Print)		Signature	Bank Street Address		Savings Account #
AMEX <input type="checkbox"/>	Credit Card Billing Address	City	State Zip	City	State	Zip
<input type="checkbox"/> Check box if credit card is authorized to prepay all future orders						

ACCOUNT INFORMATION	
Date Business Started _____	Does business have multiple locations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many locations? _____
Date of Present Ownership _____	Change of Ownership? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, did you assume old debt? <input type="checkbox"/> YES <input type="checkbox"/> NO Please attach bulk transfer papers.
Has Applicant been involved in any voluntary Bankruptcy proceeding within the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list name and address of business below:	
Name of Business _____	Address of Business _____

RESALE CERTIFICATE	
FIRM NAME: _____	I HEREBY CERTIFY: I hold valid seller(s) permit number: _____
I am engaged in the business of selling the following tangible personal property: _____ This certificate is for purchase from JILLSON & ROBERTS OF GIFT WRAPPING MATERIALS. I will resell the item(s) which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe the use tax based on each item(s) purchase price or otherwise provided by law.	
Dated _____	Signature _____ City & State _____ By & Title _____
Phone _____	Address _____

CREDIT APPLICATION: The undersigned is the authorized agent (Agent) of the applicant named above (Applicant). Applicant and Agent certify that all of the information provided is true and correct and that no unfavorable information requested has been omitted. Applicant and Agent each authorize Jillson & Roberts (J&R) to (i) review Applicant(s) credit history and all information pertaining to Applicant(s) account; (ii) verify the information provided; (iii) contact any persons named in this document; (iv) order a credit history or other such report. Applicant and Agent each understand that J&R may receive information and that J&R may answer questions and requests from others seeking credit information about Applicant.

CREDIT AGREEMENT: Applicant hereby agrees to pay J&R in full for any and all goods received from J&R in accordance with the terms of sale set forth in the applicable invoice(s) and in any other agreement. If Applicant is delinquent in paying an invoice, Applicant agrees to pay a monthly late fee equal to the maximum rate permitted by law. Applicant acknowledges that J&R will ship orders according to its guidelines. Goods shall be F.O.B. J&R's warehouse. J&R MAKES NO EXPRESS OR IMPLIED WARRANTIES WITH RESPECT TO ANY GOODS SOLD TO APPLICANT. NO GOODS MAY BE RETURNED WITHOUT PRIOR WRITTEN CONSENT. J&R RESERVES THE RIGHT TO CHARGE A 20% RESTOCKING FEE ON ALL RETURNED GOODS; HOWEVER, J&R, AT ITS SOLE DISCRETION, MAY WAIVE SUCH RESTOCKING FEE. Applicant shall inspect the goods supplied under the applicable invoice or purchase order immediately upon receipt. Failure to give J&R notice of any claim or discrepancy within thirty (30) days from the date of the invoice shall constitute an unqualified acceptance of such goods and a waiver of any and all claims with respect thereof. Applicant further agrees to pay reasonable attorneys fee and all other costs and expenses incurred in the collection of Applicant(s) account(s).

PERSONAL GUARANTY: Agent, intending to be legally bound, hereby promises to PERSONALLY GUARANTEE payment of any and all present and future indebtedness of Applicant owed to J&R. Agent hereby waives all notices from J&R and waives the right to require J&R to proceed against Applicant. Agent agrees that its liability hereunder shall not be deemed to be released or discharged by any extension of time, any modification, substitution, settlement, supplement or compromise granted to Applicant, any failure of J&R to exercise diligence against Applicant or against any other guarantor, or any change in the Applicant(s) ownership. Agent(s) guaranty hereunder is absolute and shall inure to the benefit of J&R and its successors and assigns.

DISPUTES: In the event of a dispute, each party waives the right to a jury trial. This document shall be governed by the laws of the State of California without regard to conflict of laws principles. Each party hereby consents to the exclusive jurisdiction and venue of the courts, state and federal, located in Orange County, California, however J&R shall retain the right to utilize the jurisdiction & venue of any court of its choosing. In the event of failure to pay, all debts become due.

Name _____	Social Security # _____	CREDIT APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO BY _____ DATE _____
Signature _____	Date _____ Title _____	

SHIPMENT OF FIRST ORDER IS CONTINGENT ON ACCEPTANCE OF THIS APPLICATION BY JILLSON & ROBERTS. A FAX OF THIS APPLICATION WILL BE DEEMED AN ORIGINAL.