



**jWIN Electronics Corporation**

2 Harbor Park Dr. Port Washington, NY 11050

Tel: 516-626-7188 Fax: 516-626-7107

Date: \_\_\_\_\_

**Corporate Name:** \_\_\_\_\_  
**Trade Name (DBA)** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_  
**Federal Tax I.D #** \_\_\_\_\_ **or State Resale #** \_\_\_\_\_  
**Principles Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Type of Organization (Corporation or Partnership or Single Proprietor)** \_\_\_\_\_  
**Number of Years in Business** \_\_\_\_\_ **Accounts Payable Contact:** \_\_\_\_\_  
**Buyers Name:** \_\_\_\_\_ **Merchandise Mgr.** \_\_\_\_\_  
**Own Real Estate ?** \_\_\_\_\_ **Year Lease Expires** \_\_\_\_\_

**Trade References:**

<b>Company 1:</b> _____	<b>Company 2:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City:</b> _____	<b>City:</b> _____
<b>State:</b> _____ <b>Zip:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Account #:</b> _____	<b>Account #</b> _____
<b>Telephone #:</b> _____	<b>Telephone #:</b> _____
<b>Fax #:</b> _____	<b>Fax #:</b> _____
<b>Contact:</b> _____	<b>Contact:</b> _____
<b>Company 3:</b> _____	<b>Company 4:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City:</b> _____	<b>City:</b> _____
<b>State:</b> _____ <b>Zip:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Account #:</b> _____	<b>Account #</b> _____
<b>Tele #:</b> _____	<b>Tele #:</b> _____
<b>Fax #:</b> _____	<b>Fax #:</b> _____
<b>Contact:</b> _____	<b>Contact:</b> _____

**Bank References:**

<b>Bank Name 1:</b> _____	<b>Bank Name 2:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City:</b> _____	<b>City:</b> _____
<b>State:</b> _____ <b>Zip:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Account #</b> _____	<b>Account #</b> _____
<b>Tele #:</b> _____	<b>Tele #:</b> _____
<b>Fax #:</b> _____	<b>Fax #:</b> _____
<b>Contact:</b> _____	<b>Contact:</b> _____

Balance Sheet, Profit & Loss Statement\* ( ) Attached ( ) Will mail to Credit Department.

Duns Number: \_\_\_\_\_ Anticipated Monthly Purchases of jWIN Products \$ \_\_\_\_\_

**To expedite faster approvals, during credit investigation would you consider COD \_\_\_\_\_ Personal Guarantees? \_\_\_\_\_**

\*Where available please attach audited financial statements.

The undersigned agrees that the above information is true and correct and authorizes their Bank and Trade References to release information to jWIN Electronics Corp. for its credit investigation. As a duly authorized representative of the above-mentioned organization, I agree to authorize the opening of a billing account with jWIN Electronics Corp. **I agree to be bound by the terms and conditions of sale, including all valid obligations charged to this account. I understand that discrepancies must be reported to jWIN Electronics Corp. (jWIN) within six months of their occurrence and must be communicated in the form of debit memo in order for consideration of jWIN to review our debit memos. I agree to satisfy our debts charged under this account according to the terms listed on your invoices for this account and am aware that not doing so may affect future shipments. Should legal action need to be taken to satisfy debts jWIN reserves the right to commence suit in the State of New York and collect balances due as well as interest and legal fees**

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_