

**CUSTOMER INFORMATION**

APPLICATION FOR:



BUSINESS NAME: \_\_\_\_\_ CORPORATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

eMAIL: \_\_\_\_\_

EIN #: \_\_\_\_\_ SALES TAX #: \_\_\_\_\_ OTP LIC#: \_\_\_\_\_ CIG LIC#: \_\_\_\_\_

AUTHORISED PERSON: \_\_\_\_\_ PHOTO ID#: \_\_\_\_\_

(PLEASE SUBMIT A COPY OF VALID PHOT ID)

**BANK REFERENCE(s):**

1. BANK NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRADE REFERENCE(s):**

1. BUSINESS NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

2. BUSINESS NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I / We hereby authorize **N J IMPORTS & J J DISTRIBUTORS**, to initiate entries to my / our checking or savings account to the financial institution below -

ACCOUNT TYPE: CHECKING  SAVINGS  NAME ON ACCOUNT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACH ROUTING # \_\_\_\_\_

AUTHORISED PERSON'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

BY SIGING THIS APPLICATION, YOU ARE AGREE TO NJ'S & JJ'S ALL TERMS & POLICIES.

ALL SALES ARE C.O.D. OR PREPAID, UNLESS CREDIT IS APPROVED BY NJ'S OR JJ'S ACCOUNT DEPARTMENT.

Form <b>W-9</b> (Rev. December 2011) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b>	Give Form to the requester. Do not send to the IRS.												
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)													
	Business name/disregarded entity name, if different from above													
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____													
	<input type="checkbox"/> Other (see instructions) ▶ _____													
	<input type="checkbox"/> Exempt payee													
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)												
City, state, and ZIP code														
List account number(s) here (optional)														
<b>Part I Taxpayer Identification Number (TIN)</b>														
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.														
		Social security number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>												
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		Employer identification number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>												
<b>Part II Certification</b>														
Under penalties of perjury, I certify that:														
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).														
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.														
Sign Here	Signature of U.S. person ▶	Date ▶												

**WIRE / ACH BANK DETAILS**

**N J Imports**  
 General Office / Accounts Receivable  
 3301 Fern Valley Road, Louisville, KY 40213  
 info@njimports.com

**Send confirmation of WIRE Transfer to -  
 INFO@NJIMPORTS.COM**

Beneficiary Bank:	CALL / EMAIL FOR DETAILS, AFTER SUBMITTING NEW APPLICATION
Account Name:	
Account Number:	
ABA / Transit / Routing Number for WIRE:	
Bank Address:	

**UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION**

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2—4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: J J DISTRIBUTORS LLLC

Address: 1128 ULRICH AVENUE, LOUISVILLE, KY 40219

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2—4)

Other (Specify) \_\_\_\_\_

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: RETAIL STORE FRONT

General description of tangible property or taxable services to be purchased from the Seller: GENERAL MERCHANDISE, CANDY,

BEVERAGE, OFFICE SUPPLIES, ETC

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>		MO <sup>16</sup>	
AR		NE <sup>16</sup>	
AZ <sup>2</sup>		NV	
CA <sup>3</sup>		NJ	
CO <sup>4</sup>		NM <sup>4,17</sup>	
CT <sup>5</sup>		NC <sup>18</sup>	
FL <sup>6</sup>		ND	
GA <sup>7</sup>		OH <sup>19</sup>	
HI <sup>8,8</sup>		OK <sup>20</sup>	
ID		PA <sup>21</sup>	
IL <sup>4,9</sup>		RI <sup>22</sup>	
IA		SC	
KS		SD <sup>23</sup>	
KY <sup>10</sup>		TN	
ME <sup>11</sup>		TX <sup>24</sup>	
MD <sup>12</sup>		UT	
MI <sup>13</sup>		VT	
MN <sup>14</sup>		WA <sup>25</sup>	
		WI <sup>26</sup>	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: \_\_\_\_\_

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

REVISED 3/13/2019