

## JNK INVESTMENT INC.

## HOUSEWARE – APPLIANCES – GIFTS IMPORT & EXPORT

P.O.Box 1741 - Clifton, NJ 07015-1741

PHONE: 201-751-4792 \* FAX: 201-751-4793

NEW ACCOUNT APPLICATION & AGREEMENT				
Company / Firm Name:		DBA:		
Business Billing Address:				
City	State	Zip Code:		
Phone:	Fax:	E-mail:		
	ase attach copy)	R Social Security:		
Shipping Information:				
Business Shipping Address: _				
City	State	Zip Code:		
Phone:	Alt.Phone:	Fax:		
<b>Business Information:</b>				
Year business established sind	ce (date):/			
At present location since (date	e):/ Own_	or Rent		
Corporation Partnersh	.ip Sole Proprietorshi	p		
Person(s) authorized to pur	chase:			
Name:	Phone:	E-mail:		
Name:	Phone:	E-mail:		
Company Principals – Offic	eers, Partners or Owners:			
Name:	Title:	S.S#		
Name:	Title:	S.S#		
Owner Signature:		Date:		

(Please attach copy of your driver's license)

## **POLICY:**

- Minimum order amount to be processed is \$100.00 (One hundred dollars).
- Exchange is only accepted for damaged merchandise.
- 30 days period for all returns and exchanges.
- 15% re-stocking fee for any return.
- Payment is accepted ONLY with Cash, Money Order, Wire Transfer or Credit Card.
- Credit will be applied to your account; No cash back.
- Orders are shipped out within 24 to 48 hours after order has been placed and approved.
- We are not responsible for Delivery Company delays.

I hereby understand that all this information is true and complete and is made for the purpose of establishing an account with **JNK INVESTMENT, INC.** 

Owner Signature:	Date:	
8 —	(Please attach copy of your driver's license)	