

CUSTOMER INFORMATION	NEW	ACCOUNT		CHANGE OF INFOR	MATION
BUSINESS NAME:		CORPORA	ATION:		
ADDRESS:		CITY:		_ STATE:	_ ZIP:
PHONE #	FAX:		(CELL:	
eMAIL:					
EIN #:	SALES TAX #:	CIG LI	C#:	LOC. ID#	:
AUTHORISED PERSON:		PH(OTO ID#:	(DI FAOF OURNALT A CORD	V OF VALID DUOT ID)
NAME:	CONTACT:	PHO	NE:	(PLEASE SUBMIT A CUP	Y OF VALID PHOT ID)
EMAIL:					
CURRENT SUPPLIER:		BUSII	NESS TYPE:		
I / We hereby authorize J J I institution below -	DISTRIBUTORS , to initiate e	entries to my / o	ur checking	or savings accour	nt to the financial
ACCOUNT TYPE: CHECKII	NG SAVINGS	NAME 0	N ACCOUNT	:	
BANK:					
PLE/	ASE PROVIDE A CANCELE	D CHECK FOR V	/ARIFICATIO	N PURPOSE	
This authority is to remain in full force and in e reasonable opportunity to act on it. In case of Nt 14 days advance written notice for any changes due to any reason, will be charged a \$50.00 se Company and I hereby by agree to bind myself the same. It is understood that the guaranty sha thereof and consent to any modification or renew	on-payment on check - ACH will be submitte in the Bank Account, Transit (ABA) or requivative charge (per returned check). Authorize to pay JJ Distributors LLC on demand any Il be continuing and irreversible guaranty and	d from the same account fi est for cancellation of the E d person and owner of the sum which may become d d identify for such indebted	rom which check has EFT (ACH) process. Al business, hereby pe lue to JJ Distributors dness of the Company	been returned. I understand the ny accounts that has a check or personally guarantee to store's p LLC by the Company whenever	nat J J Distributors LLC requires returned to J J Distributors LLC payment of any obligation of the er the Company shall fail to pay
AUTHORISED PERSON'S SI	GNATURE:			DATE:	
PRINTED NAME:				TITLE:	

PLEASE ATTACH A COPY OF STATE RESALE PERMIT, EIN - FEDERAL TAX ID, VOIDED CHECK & AUTHORISED PERSON'S PHOT ID

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 JJ'S ACCOUNT DEPARTMENT.

- PAGE 1 of 2 -



Important—Certificate not

RESALE CERTIFICATE

Check Applicable Block

valid unless completed.	RESALE CERTIFICATE	Blanket	X
rana annoco compretoa.		Single Purchase	
I hereby certify that			
	Name of Business	Address	
holds a valid Sales and Use Tax	Permit, Account No, issued pursua	nt to the sales and use tax law	and is
engaged in the business of selli	ng, leasing or renting, industrial processing or manufact	uring the following:	
	ible personal property or digital property described here 1126 ULRICH AVENUE, LOUISVILLE KY 40219	in which I shall purchase from:	
Name of	Seller	Address	
provided in KRS 139.470(10), in will be resold. In the event any partial stration or display while holding	rse of business, or leased or rented, as provided by Reg the manufacture or industrial processing of tangible pers property purchased under this certificate is used for any it for sale, lease or rental in the regular course of busine	onal property or digital property purpose other than retention, de ss, it is understood that I am red	which emon- quired
Including but not limited to CIGARE	measured by the purchase price of such property. Desc ITE, TOBACCO PRODUCTS, TOBACCO ACCESSORIES, GEN	IERAL MERCHANDÍSE, HBÓ, SNAC	
E-CIGARETTES, STORE SUPPLIE	S, JEWELRIES, CANDY, MEAT PRODUCTS, FOOD PRODUCT	S, CLOTHING, BEVERAGE, etc.	
Under penalties of perjury, I	swear or affirm that the information on this certificate is	true and correct as to every ma	aterial
matter.			
Authorized Signature (Owner	, Partner or Corporate Officer)	Title	
	ors or other persons registered under a consumer number in t		resale
NOTE: Any person who makes in provisions of KRS 139.990	is accepting certificates from such persons will be held liable in proper use of this certificate is subject to such penalties a 0(1).	for the sales or use tax. s provided by law including the c	riminal
51A105 (7-13)	Kentucky	DEPARTMENT OF REV Frankfort, Kentucky 40	