



iLuv A division of jWIN Electronics Corp.

2 Harbor Park Drive 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:

Company 1: _____ **Company 2:** _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Account #: _____ Account # _____

Telephone #: _____ Telephone #: _____

Fax #: _____ Fax #: _____

Contact: _____ Contact: _____

Company 3: _____ **Company 4:** _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Account #: _____ Account # _____

Tele #: _____ Tele #: _____

Fax #: _____ Fax #: _____

Contact: _____ Contact: _____

Bank References:

Bank Name 1: _____ Bank Name 2: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Account # _____ Account # _____

Tele #: _____ Tele #: _____

Fax #: _____ Fax #: _____

Contact: _____ Contact: _____

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 ____/____/____