## PLEASE PRINT OUT THIS FORM AND FAX TO 1-(831)-662-2746

real recounter ayable representativ	e's Name:		<del></del>	
Name of Business:				
Address:				
City:	State:	Zip	):	
Phone: ()	Fax: ()			
Email:	URL:			
Type of store:	Date Es	tablished:		
I prefer to be reached by email	phone. Best time to reach	me is		
from JewishCard will be resold by me used for any other purpose it is unde tax, measured by the purchase price balance on my account to the following text.  Exp Name on Card:	rstood that I am required by the of such property. In addition I wing credit card:	Sales and Use authorize Jewis	Fax Law to report a hCard to charge a	and pay for the
II		If billing	address differen	t from above:
Address				
		State:	Zipcode:	
Address	City: Signature: By and Title:	State:	Zipcode:	
Address	City: Signature: By and Title:	State:	Zipcode:	
Address	City:	State:	Zipcode:	

## By signing above, I agree to these JewishCard Credit Terms:

- Invoice terms are net 30 (full payment due within 30 days of the invoice date).
- Past due accounts are subject to a late fee equal to the maximum of \$30.00 or 2% of purchase.
- Unsuccessful attempts to charge a past due balance will incur a .07% daily interest charge until payment is received.
- A \$35 fee will be charged for any checks returned due to insufficient funds.
- A credit balance may not exceed \$600.00, and credit may be denied for accounts past due.
- JewishCard reserves the right to change these terms with 30 days notice.

We will verify your credit card by initiating an authorization only. No actual charge will be made. Upon approval, we will send you the Username and Password to access our Wholesale section. You must log in to receive the discounted prices offered to our Wholesale Customers. **JewishCard reserves the right to change these rules at our discretion.**