



6445 Montessouri St, Las Vegas, NV 89113
Tel: 702-212-1300 Toll Free: 800-255-7011
csrequests@jsproducts.com www.jsproducts.com

NEW CUSTOMER INTAKE FORM

*Legal Company Information:

Legal Business Name

Tax ID #

Physical Address

City

ST

Postal/Zip Code

*Billing Address:

*Primary Shipping Address:

Company Name

Company Name

Address

Address

City

State

Postal/Zip Code

City

State

Postal/Zip Code

Country

Country

Telephone No: _____

Email: _____

*Contact Information: All fields required to be completed

Main Contact Name (buyer)

Title

Office Phone

Mobile Phone

Email Address: _____

AP Contact Name

Title

Office Phone

Mobile Phone

Email Address: _____

***REQUIRED FIELDS**

NEW CUSTOMER INTAKE FORM

Purchasing/Supply Chain Contact Name

Title

Office Phone

Mobile Phone

Email Address: _____

Order Confirmation Email: Yes ☐ No ☐**Logistics Contact**

Title

Office Phone

Mobile Phone

Email Address: _____

EDI Contact

Title

Office Phone

Mobile Phone

Email Address: _____

QC/Compliance Contact

Title

Office Phone

Mobile Phone

Email Address: _____

Marketing/Graphics Contact

Title

Office Phone

Mobile Phone

Email Address: _____

****REQUIRED FIELDS***

NEW CUSTOMER INTAKE FORM

***Supplier Routing/Shipping Guidelines:** (enter N/A if not applicable)

Web/Portal Address

Login/Password

Contact Name:

Shipping Time Frame Requirements (if no vendor routing guide)

Labeling Requirements (if no vendor routing guide)

***Allow Backorders?** ☐ YES ☐ NO (Cancel / Reorder)

***For Resale?** ☐ YES (must attach resale certificate) ☐ NO

***Ordering Method:** ☐ Web Portal ☐ Email (enter email address) _____

☐ EDI ☐ Fax (enter fax number) _____

***Invoice Method:** ☐ Email (enter email address) _____

☐ EDI

****REQUIRED FIELDS***

NEW CUSTOMER INTAKE FORM

*Trade References/Credit Information:

Approx. Annual Sales: _____ Dun & Bradstreet No: _____

Credit Line Requested: \$ _____ Year Incorporated: _____

S Corporation (____) C Corporation (____) LLC/Partnership (____) Sole Prop/Individual (____)

Company Name:

Contact: _____

Phone: _____

Email: _____

Company Name:

Contact: _____

Phone: _____

Email: _____

Company Name:

Contact: _____

Phone: _____

Email: _____

*Bank References:

Bank Name _____

Contact Person _____

Telephone _____

Fax _____

Acct. No. _____

Bank Name _____

Contact Person _____

Telephone _____

Email _____

Acct. No. _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I also understand and agree that if JS PRODUCTS INC is not able to verify a presence in Creditsafe that I will be onboarded as a "Pay In Advance" customer.

I acknowledge and agree to sell only through the approved sales channels noted below. By signing, I agree to adhere to only these approved sales channels, in addition to not sell to or through any 3rd party e-commerce channels. If I deviate from this agreement, I understand that my account may be terminated without notice at the discretion of JS PRODUCTS INC.

Authorized Signature

Title

Date

Approved Sales Channels:

***REQUIRED FIELDS**

Please return the completed form to csrequests@jsproducts.com

FOR JS PRODUCTS USE ONLY

***INTERNAL ACCOUNT SUMMARY PAGE**

CUSTOMER NAME: _____

Account Number: _____ **Vendor #:** _____

Customer Type: _____

Segment: _____

Sales Representative: _____

Sales Territory: _____

Price Level Code: _____

Discounts/Allowances: (if yes, contract is required) _____

Approved Sales Channels: _____

Freight Program:

☐ Domestic

☐ DDP

☐ Drop Ship

Freight Terms:

☐ Collect/Third Party (routing guide required)

☐ Prepaid

☐ Prepaid – Bill (Add Freight to Invoice)

☐ If applicable - Free Freight order value min.: \$ _____

Ordering Limits:

☐ Minimum Order is \$25.00

☐ No Order Minimum

☐ Other _____

Ordering Method: ☐ Web Portal ☐ Email (enter email address) _____

☐ EDI ☐ Fax (enter fax number) _____

ACCOUNT SUMMARY TO BE SHARED WITH:

SEGMENT SALES REP/LEAD

AR

CS

LOGISTICS

SHIPPING

*REQUIRED FIELDS