



6863 COMMERCE DRIVE • HUBBARD, OHIO 44425 • PHONE: 330-534-8171 • FAX: 330-534-8179  
www.jugenheimersupplies.com

### NEW CUSTOMER INFORMATION FORM

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Billing Add. \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_  
Ship Add. \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Country USA Other \_\_\_\_\_  
Business Ph. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Ph. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 800 # (8 \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Accounts Payable Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ We fax or email our invoices.**  
**Accounts Payable email: \_\_\_\_\_@\_\_\_\_\_**

I understand providing the fax number(s), or email address above, on behalf of our company or organization above; I am authorized to and hereby consent for our company/organization to receive faxes or emails sent by or on behalf of Jugenheimer Ind. Supplies, Inc.

E-Mail Address \_\_\_\_\_ Cell Ph. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Date Incorp. or Business Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Fed. Id # \_\_\_\_\_  
Operates as: Corp \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_  
Taxable: Yes \_\_\_\_\_ No \_\_\_\_\_ If tax exempt, must attach certificate. County \_\_\_\_\_  
Pur. Mgr. \_\_\_\_\_ AP. Mgr. \_\_\_\_\_

#### NAME OF PRINCIPALS OR PARTNERS: HOME ADDRESSES & PHONE NUMBERS

Name \_\_\_\_\_ Name \_\_\_\_\_  
Add. \_\_\_\_\_ Add. \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### NAME OF CORPORATION OFFICERS:

Pres. \_\_\_\_\_ VP. \_\_\_\_\_  
Sec. \_\_\_\_\_ Trea. \_\_\_\_\_  
Bank Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Bank Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact \_\_\_\_\_

A 2% monthly service charge is added to accounts over 30 days. A charge of \$30.00 for NSF checks returned to JISI. (Both which you agree to pay). We agree to pay any collection and/or attorney fees if account has to be sent in for collection. We agree to submit to personal jurisdiction in the State of Ohio. In consideration of the sale of material to the above business I personally as an individual, guarantee payment of all purchases made on behalf of the above named business. We will also pay all delivery charges.

**Both parties agree, a signed faxed correspondence is contractually binding.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name \_\_\_\_\_



## CREDIT REFERENCE

1 Name \_\_\_\_\_ Ph. (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Add. \_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

2 Name \_\_\_\_\_ Ph. (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Add. \_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

3 Name \_\_\_\_\_ Ph. (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Add. \_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

4 Name \_\_\_\_\_ Ph. (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Add. \_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Below credit information filled in by JISI credit department.

Sold Since	Credit Limit	Pay History	Rating	Person Spoke to
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____

Credit Approved by \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from JUGENHEIMER IND. SUPPLIES, INC. of Hubbard, Ohio on and after \_\_\_\_/\_\_\_\_/\_\_\_\_ and certifies that this claim is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

- \_\_\_\_\_ Resale, in the regular course of business, in the form of tangible personal property.
- \_\_\_\_\_ Incorporating the same, as a material, ingredient or component part, into tangible personal property product for sale.
- \_\_\_\_\_ Other authorized exempting (describe): \_\_\_\_\_

This certificate shall be considered a part of each order given by purchaser from this date hereof, unless such order shall otherwise specify. This certificate shall continue in full force and effect unless and until revoked in writing by the purchaser. The purchaser understands and agrees that if it uses any property purchased tax-free under this certificate in any manner which would not exempt the sale of tax, it becomes the user of consumers property, and as such assumes liability for and undertakes to pay the tax and, the interest and penalty thereon, if any.

License No. \_\_\_\_\_ Fed. ID # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Co. Name \_\_\_\_\_ Signature \_\_\_\_\_

County \_\_\_\_\_ Print Name \_\_\_\_\_