



CREDIT APPLICATION FORM

First Name: _____ Last Name: _____

Company Name: _____

Billing Address: _____

Shipping Address: _____

Telephone #: (____) _____ Fax #: (____) _____

Web Site: _____ E-mail: _____

Address for invoices (if different from above): _____

CREDIT CARD INFORMATION:

Card Type: _____ Credit Card #: _____

Expiration Date: ____/____/____ CCV/CCID: _____ (Last 3 digits on the back of card)

Authorized signature: _____ Date (mm/dd/yyyy): ____/____/____

Printed name: _____ Title: _____

Please return this form by fax to: (954) 476-0604

E-mail to: prepayapp@ijndistribution.com

**or mail to: IJN Distribution
Attention: Office Manager
2180 SW 71st Terrace, Davie, FL 33317**

**Please contact Gerald Sharpe with any questions @ telephone # (954) 476-0406, or
via e-mail at: gerald@ijndistribution.com**

Thank you.