

SIGNATURE

APPLICATION For International Business Account

DATE

Company Information							
Company Name				Business License #			
Phone		Cell	En	nail			
Address							
Country			Year Estal	olished	Years at Location		
What type of business?					Additional Information Nee	ded	
 Beauty School 	o Exporter	o Internet B			dou		
o Beauty Store (Domestic	○ Flea Market ○ Internet Business			s 3rd Party			
o Beauty Store (International)	 Government 	o Jobber		Business (III) Literise Certificate of Busines Ownership Copy of Business License			
 Convenience Store 	o Hair Salon/B	Barber	er		issued by your govern		
o Dollar Store	o Home Based	d Business Other					
Have you applied for an account with Jinny in the past? Yes No If yes, when?							
How did you hear about Jinny Beauty Supply, Inc? Copy of Passport							
 Jinny website 	o Facebook	○ Linkedin			INTERBAL COM.		
 Web search 	YouTube	o Other			Grant Joel		
Owner Information							
Owner Name				Pass	sport #		
Home Address							
Country Home Phone							
USA Shipping Information							
Company Name							
Company Address							
City				te	Zip Code		
Phone		Contact Person		Email			
" I, the undersigned, certify that all information submitted by me on this application is true and accurate. I further understand and acknowledge that the "PROFESSIONAL USE ONLY" products that I have purchased from Jinny Beauty Supply, Inc., are, according to law at the requirements of the manufacturer, intended for resale to licensed beauticians only. Furthermore, most banking institutions now require a customer's written consent before releasing any information. This document allows Jinny Beauty Supply, Inc., to pursue any type of credit check through use of any means to insure issuing credit and/or terms and to determine if they will accept personal and/or business checks in the future."							
THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED BY ALL APPLICANTS							
SIGNATUR	 E		PRINTED	NAME	DATE		

PRINTED NAME