

HJK IMPORTS LLC.
Address: 1200 San Mateo Ave., South SF, CA, 94080
Tel: (650) 952-6188, Fax (650) 952-6168, info@hjkimports.com

APPLICANT INFORMATION

COMPANY NAME			
CONTACT PERSON (FIRST NAME)		(LAST NAME)	TITLE IN COMPANY
ADDRESS		CITY	STATE ZIP CODE
COUNTRY		FEDERAL TAX OR RESELLERS LICENSE	
TELEPHONE NUMBER		ALTERNATIVE NUMBER	FAX NUMBER
EMAIL ADDRESS		WEBSITE ADDRESS	

- By providing all information, applicant shall hold all responsibilities.
- Applicant acknowledges that this application in a non-binding contract between HJK IMPORTS, LLC. And applicant, but understands this is a process to setup an account with HJK.
- There are no obligations or fees associated with this application.
- HJK Imports, LLC. Reserves the right to request any necessary information from customer to complete this application.

PREFERRED SHIPPING DESTINATION

COMPANY NAME (IF APPLICABLE)			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		CONTACT TELEPHONE	SELECT ONE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL

- All freight cost must be prepaid along with purchase order
- Based on the preferred shipping destination, HJK will determine the freight cost for the individual order placed
- Unless specified shipping destination is provided to HJK at time of placing order, the above information shall serve as the default shipping location. Any changes in shipping location after shipment is processed shall be in the expense of the customer

PAYMENT INFORMATION

CREDIT CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS			
CARD HOLDER'S NAME (FULL)			
BILLING CITY:	BILLING STATE:	BILLING ADDRESS	
CREDIT CARD NUMBER		EXP DATE	CVN (LAST 3 DIGITS ON BACK)
_____ - _____ - _____ - _____		____/____	_____

Credit card information shall remain confidential and will not be disclosed to a third party. HJK shall not charge on the credit card with out customer's acknowledgement.

FOR OFFICE USE ONLY	
CUSTOMER ID:	_____
MEMBER SINCE:	_____
PROCESSED BY:	_____

APPLICANT SIGNATURE

DATE