



7051 SOUTHWEST FREEWAY, HOUSTON, TEXAS 77074
 Tel: (713) 784-4335 Fax: (713) 974-4884

For Office Use Only: Customer's Account #	
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BUSINESS INFORMATION

Owner / President Name			
	(Last Name)	(First Name)	(M.I.)
Legal Business Name (co-operation)			
DBA (BUSINESS / STORE NAME)			
Business Address	(street name)		
	(city)	(state/zip code)	(country)
(Business)Contact #		Fax Number	
Contact Person Name At Shipping			
	(Last Name)	(First Name)	(M.I.)
Shipping Address (if different from mailing address)	(street name)		
	(city)	(state/zip code)	(country)
Tobacco permit #		Expiration	
Sales tax permit #			

PURCHASER / AGENT INFORMATION

Name:			
	(Last Name)	(First Name)	(M.I.)
Residential Address	(street name)		
	(city)	(state/zip code)	(country)
	(Apt #)		
Home Phone #			
Cell Phone #			
Email			

BEST WAY OF SENDING PROMOTIONS / NOTIFICATIONS **EMAIL** **TEXT MESSAGES**

This is to acknowledge that I have received a copy of the Texas Jasmine Store Policies and I understand the policies as set forth by Texas Jasmine.

SIGNATURE : _____ **DATE :** _____

NAME : _____ **TITLE :** _____
(Please Print)

FOR OFFICE USE ONLY:

Account Number	
Account opened on	
Account Opened by	
Account closed on	
Reason for closure	
Remarks	

Note

Following **Documents & Information** should be provided by the customer.

COPIES OF THE FOLLOWING DOCUMENTS:

1) Sales Permit
2) Driver's License
3) Tobacco Permit (if any)
4) Sales ID Form Signed
5) Membership Form Signed

AFTER OPENING A NEW ACCOUNT THE FOLLOWING INFORMATION MUST BE ENTERED INTO THE SYSTEM:

1) Sales Tax Permit #
2) Tobacco Permit # and Expiration Date
3) Contact Name
4) Physical Address of Business
5) Phone Number
6) Fax Number