



For Office Use Only: Customer's Account #	
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7051 SOUTHWEST FREEWAY, HOUSTON, TEXAS 77074
 Tel: (713) 784-4335 Fax: (713) 974-4884

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	
Mailing Address			
Shipping Address (if different from mailing address)			
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			

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.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

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 |