## JATAI New Customer Application

JATAI is the exclusive distributor of Feather, Fuji Paper, and Seki Edge products.

## 1. New Account Information

Logal Rusinoss Namo:	
Legal Business Name:	
Company DBA:	
Owner's Name:	Authorized Buyer:
Business License #:	Buyer email:
Resale License #:	
Address, City:	
State, Zip code:	
Phone #:	Fax #:
Accounting dept email:	Cell #:
Company Website:	
Do you want to apply for Net 30 day terms?	No (if yes you will receive a credit application)
2. Account Type (Please check all categories that best describes your bust       Full Service Distributor with Stores (professional distributor Full Service Distributor without Stores (professional distributor Without Stores (professional distributors Without Stores (professional distributors Without Stores (professional distributors Without Stores (professional distributors Stores (professional distributors)    Redistributors (sell to other retail store distributors)    Redistributors (sell to other on-line companies or vendors)    Retail Stores (company buying directly for retail only)    On-line Retail (purchases exclusively for direct online sales)    Catalog (for professional salons and beauty supplies)    Catalog (for retail or consumer)    On-line (for professional only)	or with reps, stores and education)
<ul> <li>On-line Retail (purchases exclusively for direct online sales)</li> <li>Catalog (for professional salons and beauty supplies)</li> <li>Catalog (for retail or consumer)</li> <li>On-line (for professional only)</li> <li>Other (please describe type of business BELOW)</li> </ul>	

Briefly describe how you would distribute our product (below)

3. Internet Sales	
List all websites (if any) you plan on selling Jatai products (below)	
Do you sell through Amazon marketplace?	
Does Amazon fulfill your orders?	
4. Do you sell internationally?  Yes  No If yes please describe sales type:	
Product lines you are interested in:  Feather Seki Edge Fuji Paper Blade Glide Grip Clips Men's Grooming Heat Shields  5. How did you hear about us?	
6. Applicant's Signature: Date:  Print Name:	
All information will be kept confidential. Please fax completed form along with COPY of Business License and Resale Certificate to: (714) 670-9440 or Email to: info@jatai.net	
For Internal Use: (Jatai International Authorized Officer)	
Officer: Signature: Date:	