



ACCOUNT INFORMATION

COMPANY NAME:

ACCOUNTS PAYABLE CONTACT:

NAME:

EMAIL:

PHONE NUMBER

FAX:

BILLING ADDRESS

ADDRESS:

CITY:

STATE:

ZIP CODE:

SHIPPING ADDRESS

ADDRESS:

CITY:

STATE:

ZIP CODE:

FEDERAL TAX ID #:

(ATTACH COPY OF
CERTIFICATE)

PREFERRED
SHIPPER:

SPECIAL SHIPPING
INSTRUCTIONS

SIGNATURE:

DATE:

TERMS ARE NET 30 DAYS WITH APPROVED CREDIT

*Please note that following two late payments within a calendar year, your account will
be subject to a loss of existing payment terms, and prepayment will be required.*

TO VIEW OUR TERMS AND CONDITIONS OF SALE PLEASE VISIT

WWW.JANED.NET

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