



## Wholesale Application

We are pleased to consider you as a wholesale customer of ACME, Inc. In order to establish your company as a wholesale vender of Fear God clothing, we ask you to complete the application along with a copy of your CURRENT sales tax and/or business license.

Please be assured that the information provided will be kept in the strictest of confidence.

### Company Information:

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Corporation  Partnership  Sole Proprietor  Other

Sales Tax License # \_\_\_\_\_

Business License # \_\_\_\_\_

If you would like 30 day terms please complete the following information:

Line of Credit Requested \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### List owners; if incorporated, please list President and Secretary:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Trade References:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

We require that the first order be paid in full prior to shipment via money order or major credit card. 30 day terms are available for qualifying customers after the first order. If your account is approved for 30 day terms, please understand that our terms are strictly net from the invoice date. If payment is not received within 30 days, future invoices will be on a Credit Card only basis. All past due balances are subject to a finance charge of one and one-half of one percent (1 ½%) per month. It is our company policy that if your check is returned unpaid (NSF) from your bank, you will be responsible for a \$20.00 service charge. Additionally, you will no longer have check writing privileges on your account.

Should ACME, Inc. deem it necessary to turn over for collection any sum due, the customer agrees to pay the cost of collection and/or legal fees not to exceed 50% of the sum due.

I, the undersigned, hereby authorize the release to ACME, Inc. of any and all credit information concerning the individual, business, or organization above. Furthermore, I agree to be bound by the policies set forth above.

\_\_\_\_\_  
Signature of Owner, Officer, or Authorized Agent

\_\_\_\_\_  
Date