



4149 Karg Industrial Parkway • Kent, Ohio 44240  
phone 330.678.7112 • fax 330.678.7133

# Application for Wholesale Account

**ACCOUNT REQUIREMENTS...**

1. A business telephone
2. A business checking account - We do not accept personal checks
3. A Tax Number or Federal ID Number -- (Number: \_\_\_\_\_)

**PREFERRED TERMS:**

- COD - Check    COD - Money Order    Credit Card    Net 30 Days

**Please complete this application ONLY if you meet the above qualifications.**

If you have any questions while completing this form, please do not hesitate to call us at **330.678.7112**. Thank you!

Business Name: \_\_\_\_\_

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

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

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

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

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

\* If you do not have a business phone number, we require additional documentation to process account information such as an advertisement, brochure, etc.)

E-mail: \_\_\_\_\_ Business Hours: \_\_\_\_\_ Year Business Established: \_\_\_\_\_

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

**Authorized Buyers**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**LIST ALL OWNERS:**

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

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

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

Home Phone: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_

**Please fax this form to 330.678.7133 or mail to above address**

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PAGE 2 ~ COMPANY NAME: \_\_\_\_\_

**Please tell us a little about your business...**

**Is your business a:**  Proprietorship  Partnership  Corporation  Other

If "Other", please specify: \_\_\_\_\_

**Location:**  Business District  Mall/Shopping Center  Rural  Residence  Other

If "Other", please specify: \_\_\_\_\_

**Business Type:**  Cake/Candy Supplies  Craft/Hobby/Variety  Manufacturer  Bakery  Other

If "Other", please specify: \_\_\_\_\_

**TRADE REFERENCES**

References must be in our trade. (Public utilities and credit card companies do not qualify as trade references). List three (3) companies currently extending you credit on an open account. **Most companies do not give credit references over the phone. Addresses and fax numbers are very important.** All information given to Linnea's is kept in confidence, other than us contacting your bank and references.

**Reference #1 ~**

Company: \_\_\_\_\_ Account #: \_\_\_\_\_ How long?: \_\_\_\_\_ YEARS/MONTHS

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

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

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

**Reference #2 ~**

Company: \_\_\_\_\_ Account #: \_\_\_\_\_ How long?: \_\_\_\_\_ YEARS/MONTHS

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

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

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

**Reference #3 ~**

Company: \_\_\_\_\_ Account #: \_\_\_\_\_ How long?: \_\_\_\_\_ YEARS/MONTHS

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

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

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

**BANK INFORMATION ~**

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

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

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

Bank Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Business Checking Account #: \_\_\_\_\_

**How did you learn about us?**

Product  Advertisement  Trade Show  Email  Other (specify) \_\_\_\_\_

**Have you ever had an account with us before?**  Yes  No

If yes to above question -- Name: \_\_\_\_\_

Acct. #: \_\_\_\_\_ When?  1 year ago  2 years ago  longer than 2 years ago

**Do you have any questions/comments for us?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



PAGE 3 ~ COMPANY NAME: \_\_\_\_\_

*~ Personal Guarantee ~*

SIGN AND FAX TO 330.678.7133 (or mail)

I (We), \_\_\_\_\_ (Company name)

and \_\_\_\_\_ (Individual Name)

certify that the information in this application is correct. I authorize you to contact my bank and credit references to obtain credit information. I agree to sellers terms: All invoices over 30 days are subject to a 2% per month finance charge (24% annually) on unpaid balances. All NSF checks are subject to a \$25.00 service charge each time returned. I agree to notify Linnea's, Inc. if any change in ownership occurs or if any other major change occurs in the way I conduct my business. I have printed a copy of this document and I understand its contents.

The undersigned, being an owner or stockholder of the above business hereby agrees to pay any indebtedness by this business to Linnea's Candy & Cake Supplies, Inc. from whom this business may purchase merchandise in the future. The undersigned also agrees to pay all attorney fees, court costs, collection costs and all other expenses which may be incurred in collecting past due balances and insufficient funds check(s), as permitted by law.

Signature #1: \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_

Signature #2: \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_

*~ Blanket Certificate of Exemption ~*

The undersigned hereby certifies that the articles of tangible property purchased from Linnea's Inc.

after \_\_\_\_\_ (date) shall be purchased for:

Purchaser must state statutory reason for claiming exemption or exception:

- Resale in the form in which the same is, or is to be, received
- Manufacturing
- Church or Organization not-for-profit, operated exclusively for charitable purposes in this state,
- Other (please specify): \_\_\_\_\_

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

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

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