

Confidential Wholesale Account Application

Business Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Shipping Address (if different): _____

City/State/Zip: _____

Name of Principal and/or Owner: _____ Title: _____

Owner's Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Business Type (i.e. retail, distributor, type of products sold, etc.): _____

Business Identity: Corporation Partnership Sole Proprietor LLC

Location: Retail Storefront Commercial Office Home Business In a business district? Yes No

Year Established: _____ Number of Employees: _____ Website: _____

Resale License #: _____ Federal ID #: _____

Confidential Credit Application (only required when seeking Net 30 credit terms)

Bank Name: _____

Bank Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Name on Account: _____

Credit References (please list 3 trade references where you have credit accounts)

1. Company Name: _____ Account #: _____

Address: _____ Telephone: (____) _____

City/State/Zip: _____ Fax: (____) _____

Person to Contact: _____ Email: _____

2. Company Name: _____ Account #: _____

Address: _____ Telephone: (____) _____

City/State/Zip: _____ Fax: (____) _____

Person to Contact: _____ Email: _____

3. Company Name: _____ Account #: _____

Address: _____ Telephone: (____) _____

City/State/Zip: _____ Fax: (____) _____

Person to Contact: _____ Email: _____

A finance charge of 1.5% per month will be applied to the unpaid balance on delinquent accounts. The purchaser agrees to pay all collections, attorney, or court fees incurred by Memories & Treasures after default and referral for collections. ImproLife reserves the right to terminate any account for any reason.

Signature of Principal or Owner: _____ Date: _____

Print Name: _____ Title: _____