



1500 Buchanan Ave SW
 Grand Rapids, MI 49507
 616.243.8424 Fax 616.243.8055

INTERNATIONAL ACCOUNT APPLICATION

Account Number _____
 Lead Number _____

*** Required Fields**

Notions Marketing sells only to dealers who stock and sell products at the retail level. To establish an account with us, you must meet the following requirements:

- Operate a retail store in a business district or web store
- Have a business phone number
- Stock merchandise for resale, not consumption
- Minimum opening order of \$250, annual minimum of \$1,200

| STORE SIZE IN SQ FT: | LOCATION: | | ANNUAL SALES: | NUMBER OF EMPLOYEES: |
|----------------------|---------------|----------|---------------------|----------------------|
| Less than 2,000 | Strip Mall | Rural | Less than \$100,000 | 1-3 |
| 2,000-5,000 | Mall | Urban | \$100,000-\$250,000 | 4-10 |
| 5,000-10,000 | Free Standing | Internet | \$250,000-\$500,000 | 11-30 |
| Over 10,000 | | | Over \$500,000 | 31+ |

CATEGORIES YOU ARE INTERESTED IN:

- | | | | | | |
|--------------|-------------|----------------|-------------------|--------|-------------|
| Paper Crafts | Needle Arts | Knit & Crochet | Sewing & Quilting | Crafts | Kids Crafts |
| Art Supplies | Floral | Pet Supplies | Food Crafts | Office | Paints |

How did you hear about us? _____

* Estimated purchase amount per month \$ _____

Type of Business Sole Proprietor Partnership Corp./LLC * Date Established _____ / _____

BUSINESS/BILLING INFORMATION:

* Business Name _____

* Street Address _____

* City _____ * State/Prov. _____ * Postal Code _____

* Country _____

* Phone Number _____ * Website _____

* Buyer Email _____ * Accounts Payable Email _____

SHIPPING ADDRESS:

My shipping address is the same as my billing address

* Street Address _____

* City _____ * State/Prov. _____ * Postal Code _____

* Country _____

OWNER NAME AND HOME ADDRESS:

My home address is the same as my shipping address

* Owner Name _____

* Street Address _____

* City _____ * State/Prov. _____ * Postal Code _____

* Country _____



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* **PAYMENT METHOD:** *Choose at least one*

Credit/Bank Card *We accept Visa, Mastercard, American Express and Discover*

This form requires that the cardholder and owner signatures match. If the signatures are different, please use the PDF form.

Cardholder Name _____

Cardholder Billing Address _____

City _____ State/Prov. _____ Postal Code _____

Country _____

Last 4 Digits of Card Number XXXX XXXX XXXX _____ Expiration Date _____ / _____

Cardholder Signature _____

Must have first and last name

Wire Transfer *Subject to a fee*

TERMS & CONDITIONS:

- Notions Marketing will extend account privileges to all qualified applicants without regard to sex, marital status, race, color, religion, national origin or age.
- For the sole purpose of obtaining business account, I/We state the information herein is true and correct.
- I/We agree that any purchases whether on credit or otherwise, will be governed by the terms and conditions of this credit application and purchase order terms are not valid.
- I/We will provide Notions Marketing with updated financial information at your request and you may suspend any credit you have given until you receive such information.
- Buyer agrees to pay any and all expenses we incur to collect their debt including, but not limited to, collection and actual legal fees and any suit filed may be done so in a Grand Rapids, Michigan court.
- Payments must be made in U.S. dollars and are to be sent to 1500 Buchanan Ave SW, Grand Rapids, MI 49507 in accordance with credit terms granted. I/We agree to pay 1.5% per month time price differential on any account past due. All shipments are subject to credit approval. Payments not made in accordance with terms can result in cancellation or refusal to ship subsequent orders at the discretion of Notions Marketing.
- I have read the full terms and conditions on the Notions Marketing website. Terms are subject to update without notice.

* Owner agrees to Terms and Conditions

* Owner confirms that purchases are for re-sale.

OWNER/OFFICER: *Signature must have first and last name*

* Owner's Signature _____ * Date _____ * VAT Number _____