



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

# U.S. 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+

**How did you hear about us?** \_\_\_\_\_

**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      |

\* Estimated purchase amount per month \$ \_\_\_\_\_

**TYPE OF BUSINESS:**      Sole Proprietor      Partnership      Corp./LLC      \* Date Established \_\_\_\_\_ / \_\_\_\_\_

**\* BUSINESS/BILLING INFORMATION:**

Business Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Website \_\_\_\_\_  
 Buyer Email \_\_\_\_\_ Accounts Payable Email \_\_\_\_\_

**\* SHIPPING ADDRESS:**

My shipping address is the same as my billing address

Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**OWNER/CO-OWNER/OFFICER NAME AND HOME ADDRESS:**

My home address is the same as my shipping address *Please fill out the Receiving Waiver section on the next page*

\* Name \_\_\_\_\_ Name \_\_\_\_\_  
 \* Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \* City, State ZIP \_\_\_\_\_ City, State ZIP \_\_\_\_\_



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**RECEIVING WAIVER:** *If your home and shipping address are the same, you must fill this out*

I, \* \_\_\_\_\_, owner/officer of \* \_\_\_\_\_, do hereby relieve Notions Marketing Corporation of liability for packages delivered by UPS/FedEx/DHL that do not require a signature when delivered to this address or an alternate location. I will accept carrier documentation as proof of delivery.

I also agree to pay any additional, carrier assessed charges incurred by my request to have merchandise shipped to an alternate location and/or into a residential shipping district.

**\* 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 \_\_\_\_\_ ZIP \_\_\_\_\_

Last 4 Digits of Card Number XXXX XXXX XXXX \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Wire Transfer** *Subject to a fee*

**Net Terms / ACH** *Must complete the Net Terms / ACH Request form available on our website*

## TERMS & CONDITIONS:

- Notions Marketing will extend credit privileges to all qualified applicants without regard to sex, marital status, race, color, religion, national origin or age.
- For the sole purpose of obtaining a business account, I/We state the information herein is true and correct.
- All shipments are subject to credit approval.
- I have read the full terms and conditions on the Notions Marketing website. Terms are subject to update without notice.

\* Owner agrees to Terms & Conditions

The purchaser hereby certifies that purchases from Notions Marketing of personal property on or after the date of this certificate are exempt from Sales & Use taxes for the reasons indicated below:

\* Purchases are for resale      Purchases are for Federal, State or Local Government      Other (please specify) \_\_\_\_\_

It is understood by the purchaser that the claimed exemption must be pursuant to the Sales & Use Tax laws of the State into which the tangible personal property is shipped. This certificate will continue in force until revoked in writing. The purchaser is in the business of Sewing Notions, Fabric, Yarns & Crafts.

\* Owner's Name \_\_\_\_\_ \* Tax Exempt Number \_\_\_\_\_

*May also be called Resale Number.  
Customers in states with no sales tax (AK, DE, MT, NH, OR) may enter **N/A**.*

\* Owner's Signature \_\_\_\_\_ \* Date \_\_\_\_\_