

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

U.S. & CANADA ACCOUNT APPLICATION

Lead Number				
Current Suppliers:				

Account Number

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 Have a business phone. district or Web store. • Stock merchandise for resale, not consumption. Open regular hours. Minimum opening order of \$250.00. If yes to all of the above, please tell us about yourself so we can set up your account. Please check all that apply. STORE Cardmaking □ Needlepoint/ □ Sewing □ Crafts **PURCHASES:** Scrapbooking Embroidery ☐ Fabric ☐ Kids Crafts □ Art Materials □ Stamping Cross Stitch □ Ribbon & Lace □ Beads □ Gifts □ Office/Stationery □ Other ☐ Yarn Quilting LOCATION: **ANNUAL RETAIL HOW DID YOU HEAR** STORE SIZE **NUMBER OF SQUARE FEET:** ☐ Strip Mall/Mall SALES: **EMPLOYEES: ABOUT US?** ☐ Free Standing □ \$0-\$100.000 □ Less than 600 □ 1–3 (magazine, friend, trade show, etc.) ☐ Country (Rural) □ 600–1.500 □ \$100,000-\$250,000 □ 4-10 □ 1,500–3,000 ☐ City (Urban) **□** \$250,000–\$500,000 □ 11–30 □ Other □ \$500,000+ □ Over 3,000 □ 31+ Store Name Store Address Shipping Address __ Billing Address _____ Fax (Type of Business ☐ Sole Proprietor ☐ Partnership ☐ Corp./LLC Phone (Date Established _____ / __ Email Address ___ Estimated purchases/month (Min annual purchase is \$1,200) \$ Website ☐ Credit Card/Bank Card (please enter information below) ☐ Net 30 Terms (Net 30 form must be completed and signed) ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express Cardholder Name Billing Address City, State ZIP Code Last 4 Digits of Credit Card Number XXXX-XXXX-XXXX-Expiration Date _____/___ I hereby authorize use of the above listed credit card for the above listed store, effective until revoked by Cardholder. Cardholder Signature (must match name on card) **OWNERS/OFFICERS:** Name Home Address City, State, ZIP Home Phone Title Authorized Buyer's Name ___ · 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.
 - ☐ Buyer 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.

Tax Exempt Number _____ Owner's Signature _____ Date