



517 Crofton St SE
Grand Rapids, MI 49507
616.243.8424 Fax 616.243.8055

U.S. ACCOUNT APPLICATION

Account Number _____

Lead Number _____

*** Required Fields**

* BUSINESS/BILLING INFORMATION

Business Name _____

Street Address _____

City _____ State _____ ZIP _____

* Phone Number _____

* Primary Contact Email _____

* Accounts Payable Email _____

Website _____

* Marketplace / Ecommerce Site _____

Marketplace Storefront Name _____

Marketplace Direct Link _____

* Type of Business Sole Proprietor Partnership Corp./LLC

* Date Established _____ / _____

* SHIPPING ADDRESS

My shipping address is the same as my billing address *See Shipping section in full Terms & Conditions for guidelines*

Street Address _____

City _____ State _____ ZIP _____

OWNER/CO-OWNER/OFFICER/BUYER INFORMATION

* Name _____ * Title _____

Name _____ Title _____

Name _____ Title _____

* PAYMENT METHOD *Choose at least one*

Credit/Debit/Bank Card *Must complete the [Credit Card Application form](#) available on our website*

CIA (Cash In Advance/Pre Pay) *Subject to a fee*

Line of Credit *Must complete the [Line of Credit Application form](#) available on our website*

ACH 1 *Must complete the [ACH 1 Payment Agreement 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.

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) _____

Please complete a Sales and Use Tax form and remit a copy of your Resale Certificate for each state you ship to.

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.

- * Federal Employer Identification Number (FEIN) _____

OWNER *Signature must have first and last name*

- * Owner agrees to Terms & Conditions

* Signature _____

* Date _____