

Bohning Co., ltd

7361 N. 7 Mile Road

Lake City, Michigan 49651

UNITED STATES

Phone: 231-229-4247

Fax: 231-229-4615

info@bohning.com

**Wholesale Customer Application**

All information will be kept confidential and used only in determining the qualifications for establishing your company as a wholesale customer.

**You must** **include a copy of your business license or state tax license**

**Type of account desired: □ Prepay □ Terms**

|  |  |
| --- | --- |
| Company Name: |  |
| Contact Name: |  |
| Mailing Address: | Shipping Address: |
|  |  |
|  |  |
|  |  |
| Phone: | Fax: |
| Email: | Website: |

|  |  |
| --- | --- |
| Is your company known by any other name? | Number of years in business: |
| **Business Profile**□ Retail Sales □ Distributor□ Manufacturer □ Other (specify) | **Type of Ownership:**□ Corporation □ Partnership□ Proprietorship□ Other (Specify) |
| Tax ID #:  | VAT # (international customers only) |

|  |  |  |  |
| --- | --- | --- | --- |
| Principle Owner(s) | Position | Home Address | Home Phone |
|  |  |  |  |
|  |  |  |  |
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**Prepay Account**

I am applying for a prepay account. The information given on this application is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form & a copy of your tax or business license to info@bohning.com or fax # 231-229-4615

**Terms/Open Account**

List credit / business References (Please list U.S. Manufacturers if possible)

|  |  |  |  |
| --- | --- | --- | --- |
| Company | Account # | Phone/Fax Number | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

I am applying for terms. The information given on this application is true and correct to the best of my knowledge.

I acknowledge receiving a copy of this application and declare my/our willingness to abide by Bohning Company, ltd terms of payment. It is also agreed the I/we will pay a late fee of 2% per month of the total amount past due, and should a default in payment occur, I/my company will pay all reasonable collection costs, attorney fees and court expenses. If a suit is instated due to nonpayment, it is understood that Bohning Company ltd will be recognized as having venue and jurisdiction.

In consideration of Bohning Company, ltd extending credit to my/our company, I/we as (an) officer(s), do personally guarantee and indemnify Bohning Company, ltd against loss or indebtedness from my/our company. This guaranty shall be a continuing and irrevocable guaranty which shall be binding upon me and my/our legal representatives, and notice of default waived.

Information provided on this form is given for the purpose of obtaining credit, and is warranted to be true. Bohning Company, ltd is authorized to contact the references on this application and verify my/our credit/financial history and experiences.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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