

Shelby Wholesale Distributors, Inc.

Instructions for completing our Customer Application:

- 1) Fill out form completely. Pay special attention to the company principals section, (name, address, city, state, zip code) also be sure to have all principals sign in the bottom section as this is required for credit checking.
- 2) **Application must be signed by all of the responsible parties.**
- 3) You must include a copy of your Michigan sales tax license and your Michigan drivers license. In order for us to accept your check we **must** have all the owner(s) who is giving personal guarantee social security number (not applicable to government or public institutions). **Without all information and signature(s) the account will be set up on a cash only basis.**
- 4) Your application can be faxed to us for quicker processing at (586) 731-5511 or emailed to info@shelbywholesale.com.

Our Terms of Sale:

- 1) **At the time of delivery it is your responsibility to count and verify the total number of cartons of cigarettes and bundles of merchandise on your order.**
- 2) **Any shortages or mis-picks must be called in to our office within 24 hours of delivery. WE do not guarantee against items melting in summer months.**
- 3) For local deliveries: Under **NO** circumstances should the Shelby driver be held while the order is checked in "*item by item*". Check the bundle and cigarette count and let the driver go. We route our trucks in the most efficient manner possible. We do not guarantee delivery times.
- 4) If your check is returned to us for any reason by the bank there will be a \$35.00 processing charge and we will not accept another check until the check is made good with cash or certified funds. **Repayment must be in cash or certified funds.**
- 5) Product numbers must be used when calling or faxing orders.
- 6) **A fuel recovery charge will be added to each local delivery.** Shipped orders will be charged actual freight amount at the time the order invoiced.

Signed _____

Printed name _____



Customer Application

Business Information		
Name of Business	Sales Tax Number (attach copy)	Years in business
Legal (if different)	FEIN	
Address	Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partner <input type="checkbox"/> Proprietorship	
City, State Zip		
Phone	Fax	Email

Company Principles Responsible for Business Transactions

Name:	Title:	Home Address:	Home Phone:
Social Security No	Driver License No (attach copy)		
Name:	Title:	Home Address:	Home Phone:
Social Security No	Driver License No (attach copy)		

Banking Information

Name of Bank	Checking Account #
Bank Contact Name	Bank Contact Phone No

Trade References

Firm Name	Contact	Telephone Number	Account Open Since

Delivery Information

For Office Use Only

Store Hours	Customer Number
Cross Streets	Driver Number

Confirmation of Information, Authority to Verify, And Personal Guarantee

I hereby certify that the information in this application is correct. The information included in this application is for use by Shelby Wholesale Distributors, Inc. in determining the amount and conditions of credit to be extended. I understand that Shelby may also use this application to release information necessary to assist in establishing a line of credit. I also understand that upon signing this agreement I have agreed to personally guarantee any and all debts incurred by the above establishment during the course of business with Shelby. I understand and agree to pay a service charge on all overdue balances of .34% (18% annual) plus a reasonable (33.3%) attorneys fee should the above establishment breach this contract. I also agree to pay a service charge of \$35.00 per check plus interest of .34% (18% annual) on any returned checks.

Signature	Title	Date
Signature	Title	Date