



# WHOLESALE APPLICATION FORM

## ADMIN DATA (MUST COMPLETE AND UPLOAD APPLICABLE DOCUMENTATION)

APPLICANT NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

SUPPORTING DOCUMENTS (please select and upload):

Business License

Sales Tax Exemption

Federal Firearms License

Special Occupational Tax

BILL TO ADDRESS:

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

SHIP TO ADDRESS (if different than bill to):

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

TYPE OF BUSINESS:

CORPORATION

LIMITED LIABILITY COMPANY

SOLE PROPRIETORSHIP

OWNERS, PRINCIPLES, OR OFFICERS:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

PRIMARY AND AUTHORIZED BUYER:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ALTERNATE AND AUTHORIZED BUYER:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

UPS/FEDEX #s: \_\_\_\_\_

## CREDIT APPLICATION DATA\* (MUST COMPLETE IF COMMERCIAL TERMS ARE DESIRED)

TOTAL REVENUE PRIOR TAX YEAR (SELECT ONE):

Less than \$2.0M\*\*

More than \$2.0M

DUNS #: \_\_\_\_\_

EIN # OR SSN #: \_\_\_\_\_

BANK INFO / NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Account #: \_\_\_\_\_

Account Type:

Checking

Savings

SUPPLIER CREDIT REFERENCES

1. Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

*\*\*Applicants with less than \$2.0M in annual revenue are required to sign the following personal guarantee, the content of which shall be ascribed to by signing on the following page (This requirement is waived if revenues exceed \$2M):*

As the Applicant or as an owner, principal, or duly appointed officer of the Applicant with authority to bind both the Applicant and myself, I, the undersigned, do hereby personally guarantee to ZRODelta the prompt payment of any and all liabilities, obligations, and accounts of the Applicant, including, without limitation, principal, interest, and charges. This is a continuing guarantee and does not expire. In addition, I agree to pay all reasonable costs of collection to ZRODelta for the enforcement of this guarantee, including payment of reasonable attorney fees and court costs. I, the undersigned, do hereby consent to venue and jurisdiction for the enforcement of this personal guarantee in the state or federal courts of Burke County, North Carolina."

*\*By supplying this information, Applicant authorizes ZRODelta to initiate an inquiry into Applicant's business or personal credit (whichever is applicable) in order to approve and set Applicant's open account credit line.*

