



Application for Wholesale Account

4149 Karg Industrial Parkway Kent, OH 44240
Phone 330-678-7112 • Fax 330-678-7113

Thank you for your interest in establishing a wholesale account with Linnea's

We receive numerous requests wanting to purchase products at wholesale prices; therefore, in order to protect the integrity of our valued customers, we have established the following parameters for opening new accounts.

Make sure you qualify by meeting ALL of the requirements listed below:

1. YOU MUST HAVE A STOREFRONT OR COMMERCIAL LOCATION OUTSIDE OF YOUR HOME
2. A TAX ID NUMBER or FEDERAL ID NUMBER
3. A BUSINESS CHECKING ACCOUNT-WE DO NOT ACCEPT PERSONAL CHECKS
4. A BUSINESS TELEPHONE- THIS MUST BE DIFFERENT THEN YOUR HOME PHONE
5. YOU MUST HAVE A BUSINESS THAT RELATES TO THE PRODUCTS YOU WISH TO PURCHASE
6. IT IS OUR REQUIREMENT THAT A BUSINESS SHOULD PURCHASE AT LEAST \$1000 WORTH OF PRODUCT PER YEAR. BUSINESSES THAT PURCHASE LESS THAN \$1000 WILL BE REVIEWED AND MAY NOT BE ELIGIBLE TO ORDER THE FOLLOWING YEAR.

*Please complete this application **ONLY** if you meet all the above qualifications.*

If you have any questions while completing this form, please do not hesitate to call us at 330-678-7112 X10. Thank you!

- Complete all requested information. Incomplete applications will not be processed. Include a working fax number or email for your references. Please print or type legibly.
- You may attach your own credit sheet and write "See Attached" on our application, but we still require that an authorized person sign our copy of the Exemption Certificate. APPLICATIONS SENT WITHOUT A COMPLETED CERTIFICATE OF EXEMPTION (SALES TAX FORM) WILL NOT BE PROCESSED.

Linnea's values and appreciates your continued business. Should you have any questions, please let us know and we will be happy to assist you. Thank you for your cooperation and understanding.

Sincerely,
Linnea's, Inc.



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PREFERRED TERMS-CHECK ONE

Requested Credit Limit

☐ **COD-CHECK** ☐ **COD-MONEY ORDER** ☐ **CREDIT CARD** ☐ **NET 30 \$**_____

Business Name:_____ Federal ID /Sales Tax #:_____

Billing Address:_____

City:_____ State:_____ Zip:_____

** If your shipping address is not the address of your business please include the business address in the comments **

Shipping Address:_____

City:_____ State:_____ Zip:_____

Business Phone:_____ Fax:_____ Business Hours:_____

Email:_____ Website:_____

Date of Ownership_____ Contact Name:_____ Title:_____

Authorized Buyers:

These are the **ONLY** people that we can give information to, or accept orders from on your account. This is for your protection.

1. _____ 2. _____ 3. _____ 4. _____

LIST ALL OWNERS: If you are applying for terms you must include the owner's home information or terms cannot be granted.

Name:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Home/Cell Phone:_____ Email:_____

Name:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Home/Cell Phone:_____ Email:_____

Name:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Home/Cell Phone:_____ Email:_____

HOW DID YOU HEAR ABOUT US?

☐ **ADVERTISEMENT** ☐ **TRADESHOW** ☐ **EMAIL** ☐ **WEB SEARCH** ☐ **OTHER:**_____

Have you ever had an account with us before?

☐ **YES**

☐ **NO**

Name:_____

ACCT #:_____

When? ☐ 1 Year ago

☐ 2 Years ago

☐ 3 Or more years ago

Please fax this form to 330-678-7133, email to maggie@linneainc.com, or mail to above address

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BUSINESS NAME _____

Please tell us a little about your business:

Is your business a: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Location: ☐ Mall/Shopping Center ☐ Business District ☐ Rural ☐ Residence ☐ Other
If "other" please specify: _____

Type: ☐ Cake/Candy Supplies ☐ Craft/Hobby/Variety ☐ Manufacturer ☐ Bakery ☐ Other
If "other" please specify: _____

TRADE REFERENCE: ** This is only needed if you are requesting terms ** Must include a fax or email

List three companies (public utilities and credit card companies do not count) currently extending you credit on an open account. Email and fax numbers are very important, as most companies do not give credit references over the phone. All information given to Linnea's is kept confidential other than contacting your bank and references.

Company: _____ Acct#: _____ How long: _____ YRS/MNTHS
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
REQUIRED INFORMATION Fax: _____ Email: _____

Company: _____ Acct#: _____ How long: _____ YRS/MNTHS
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
REQUIRED INFORMATION Fax: _____ Email: _____

Company: _____ Acct#: _____ How long: _____ YRS/MNTHS
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
REQUIRED INFORMATION Fax: _____ Email: _____

BANK INFORMATION: ** Credit Card applicants need not complete **

Bank Name: _____ Branch: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Comments/Questions: _____



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~ Personal Guarantee ~

I (We), _____ (Company Name)
and _____ (Individual Name)
certify that the information in this application is correct. I authorize you to contact my bank and credit references to obtain credit information. I agree to seller's terms: All invoices over 30 days are subject to a 2% per month finance charge (24% annually) on unpaid balances. All NSF checks are subject to a \$25.00 service charge each time returned. I agree to notify Linnea's, Inc. if any change of ownership occurs or if any other major change occurs in the way I conduct my business. I have printed a copy of this document and I understand its contents.

The undersigned, being an owner or stockholder of the above business, hereby agrees to pay any indebtedness by this business to Linnea's Candy & Cake Supplies, Inc. from whom this business may purchase merchandise in the future. The undersigned also agrees to pay all attorney fees, court costs, collection costs, and all other expenses which may be incurred in collecting past due balances and insufficient funds check(s), as permitted by law.

Signature #1: _____ Print Name: _____
Signature #2: _____ Print Name: _____

~ Blanket Certificate of Exemption ~ (Sales Tax Form)

The undersigned hereby certifies that the articles of tangible property purchased from Linnea's Inc. after _____ (date) shall be purchased for:

Purchaser must state statutory reason for claiming exemption or exception:

- ☐ Resale in the form in which the same is, or is to be, received
- ☐ Manufacturing
- ☐ Church or Organization not-for-profit, operated exclusively for charitable purposes in this state
- ☐ Other (please specify): _____

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

Signature: _____
Title: _____
Date: _____
Company Name: _____
Address: _____
City, State, Zip: _____