



CREDIT APPLICATION

TRADE CUSTOMERS ONLY Please be sure to complete the entire application. Missing information may delay processing. Please email application to accounts@uniquewholesale.net

PLEASE PRINT

GENERAL INFORMATION:

Name of Business: _____

Address: _____

City, State Zip: _____

Business Phone _____ Fax: _____ Cell: _____

Contact Name and phone number _____

Billing E-mail address (required): _____

Accounts Payable E-mail address: _____

Order Confirmation E-mail address: _____

Website Address: _____

Billing Address (if different than above):

Shipping Address (if different than above):

Terms Requested: NET 30 _____ Prepay _____

Corporate Headquarters
• 2001 NW 25th Ave, Pompano Beach, FL 33369

Toll Free Phone (800) 824-1277
Phone # (954) 975-0227
Fax # (954) 969-9598
website: www.uniquewholesale.net

Return Forms to: accounts@uniquewholesale.net



ENTITY INFORMATION

Legal Entity (check one)

- Corporation
- Partnership
- LLC
- Sole Proprietor

Provide Federal ID or Social Security Number for the business: _____

Please attach a current Occupational Business License

Sales Tax Id#: _____ (Required for Tax exempt status)

Officers, Partners or Sole Proprietors

1. _____

Name	Title	Social Security #	Phone #
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2. _____

Name	Title	Social Security #	Phone #
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ATTACH

Please attach the following documents to your application:

- Sales Tax Certificate
- Occupational business license

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AGREEMENT

This agreement provides for a credit sale to _____ of merchandise and services for business use. Company Name

- Standard terms for invoices are net 30 days from the date of invoicing. Other specialized terms are available based on products and/or quantities purchased.
- Upon default of the terms of this agreement, Unique Wholesale Distributors LLC may declare my existing balance due and payable in full. Unique Wholesale Distributors LLC., may also collect for all collection fees associated with the collection of any past due balances upon default of payment terms.
- In the event of changes in the Buyer’s company, including but not limited to change of ownership to which Unique Wholesale Distributors, Inc. is to be notified in writing thirty(30) days prior to the change, or a change in credit rating, Unique Wholesale Distributors LLC reserves the right to change the credit terms of the company, cancel an order or require a deposit to proceed with an order. The information furnished on this application is for the purpose of obtaining credit, and I understand that this information will be relied on for the extension of credit. I hereby certify that the information is true, correct and complete.
- Unique Wholesale Distributors LLC is authorized to investigate my company’s credit and report to the proper persons the performance of this agreement.
- My signature on this credit application authorizes Unique Wholesale Distributors, Inc. to obtain any credit information necessary to provide me with an account. I further agree that I will be personally responsible for any money not paid by the applicant.

Company Name: _____ Print Name: _____

Signature: _____ Date: _____
Owner/Officer

OFFICE USE ONLY

Date	Customer Number	Credit Terms	Limit	Initials

Sales Rep	Acct Type	Route #

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TRADE REFERENCES

Name: _____

Account # _____

Phone Number: _____ Fax: _____

Current Terms: _____

Email: _____

Address: _____

Name: _____

Account # _____

Phone Number: _____ Fax: _____

Current Terms: _____

Email: _____

Address: _____

Name: _____

Account # _____

Phone Number: _____ Fax: _____

Current Terms: _____

Email: _____

Address: _____

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