



We Make the Difference

6811 NW 15th Ave
Ft.Lauderdale, FL 33309
954-975-0227 Fax: 954-975-0297
Toll Free: 800-824-1277
WWW.UNIQUEWHOLESALE.NET

PLEASE complete in full ~ missing information will delay processing!
NEW CUSTOMER APPLICATION ~ REQUIRED INFORMATION

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Form with checkboxes for Corporation, Partnership, Sole Proprietorship

Billing/Invoice/Statements/ E-Mail Address REQUIRED (we provide electronic service):

Billing Address (if other than above): _____

Shipping Address (if other than above): _____

Federal Id # _____ State Tax Id # _____ (Attach Certificate)

In Business Since: _____ (Attach Current Occupational Business License)

We wish to do business on the following basis:

C.O.D. _____ Net 30: _____ Credit Card/Prepay _____

(Please complete credit application on page 2 regardless of what is checked above)

Accounts Payable Contact: _____ E-Mail: _____

Unique Newsletter Email (Promos/Specials) _____

Order Confirmation Email REQUIRED _____

Officers, Partners or Sole Proprietors

1. Name Title Social Security Number Phone #

2. Name Title Social Security Number Phone #

OFFICE USE ONLY

SALES REP

ACCT TYPE

ROUTE #

Empty box for SALES REP

Empty box for ACCT TYPE

Empty box for ROUTE #



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Credit Application

Date:
New Update

Office Use Only table with columns for Date, Credit Terms, Credit Limit, and Initials.

Trade References

1. Name:

Phone Number: Fax: Account #:

Address: Street City State Zip Code

2. Name:

Phone Number: Fax: Account #:

Address: Street City State Zip Code

3. Name:

Phone Number: Fax: Account #:

Address: Street City State Zip Code

Line of Credit Desired: Estimated Monthly Purchases:

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, Inc. may declare my existing balance due and payable in full. Unique Wholesale Distributors, Inc., 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, Inc. 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, Inc. 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.

Date: Company Name:

Signature Required: Owner/Officer