

# Stallings Stained Glass

8011 Miller Road

Swartz Creek MI, 48473

Phone: (810) 630-9103

Fax: (810) 597-4146

Email: email@stallingsglass.com

## Wholesale Account Application Page 1

### Instructions:

Fill out this application in its entirety and sign that you are in agreement with its terms and conditions. Then either mail or fax this application along with the required documents to Stallings Stained Glass. If you have any Questions concerning this application or the wholesale process, please contact us.

### Required Documents:

- Copy of current Business License/Sales Tax License for your state.
- Completion of our Wholesale Application.
- Completion of Tax Exemption Certificate

### Terms And Conditions:

- There is an annual minimum purchase requirement of \$500.00 in any given calendar year (January 1 - through December 31). All new wholesale accounts created during a calendar year will be expected to meet a pro-rated minimum proportional to the time left in the current calendar year.
- There is a minimum individual purchase amount of \$50.00, excluding Shipping & Handling for each order.
- Wholesale Account Holder shall not allow another person/corporation/legal entity to use their individual wholesale account to make a purchase. If any attempt is made by an individual other than the Wholesale Account Holder to make a purchase using this unique wholesale code, the wholesale account will be immediately cancelled.
- Once merchandise has left our premises, Stallings Stained Glass is not liable for damages to the order. Problems with items due to breakage or shipping damage should be taken up with the appropriate shipping company. Problems with items due to defects should be handled by the manufacturer.
- All Wholesale Orders must be paid in full at time of order. Wholesale Account status is not a grant of credit.
- All returns must have a return authorization code to be processed.
- Actual shipping charges will be added to invoice. If placing your order on-line, please ignore shipping as we will add the actual shipping chargers to the order.

I have read the Terms & Conditions and do certify my intent to abide by said terms and conditions for the duration of my wholesale account. I also certify that I am a lawfully operating business and that all documentation provided during the application process is true and valid to the best of my knowledge.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Wholesale Account Application Page 2

Applicant's Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Street Address # 1: \_\_\_\_\_

Street Address #2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

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

Years in Business: \_\_\_\_\_

How Did You Find Us: \_\_\_\_\_

\_\_\_\_\_

I certify that I am a lawfully operating business and that all documentation provided during the application process is true and valid to the best of my knowledge.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## TAX EXEMPTION CERTIFICATE MICHIGAN SALES & USE TAXES

The undersigned, being fully informed concerning Michigan sales and Use Tax Acts and their Rules and Regulations, hereby certifies that he is either subject to such taxes or is entitled to exemption from such taxes, by reason of one of the classifications listed below:

Taxable

Taxable on some purchases and exempt on some. See purchase order, or we will notify you as to taxability at the time of purchase.

Exempt on all of our purchases from YOU for the reason stated below:

Resale -- not valid without a license number. Please state your sales tax number: \_\_\_\_\_

Industrial processing -- not valid without a statement of the product manufactured and sold \_\_\_\_\_

Non-profit organization -- please include a copy of the exemption letter received from the State of Michigan.

Government

Interstate Commerce

Agricultural Production

Other: \_\_\_\_\_

The undersigned agrees to reimburse the seller for any deficiencies imposed by the State of Michigan for any violation of such Rules and Regulations.

This certificate shall remain in effect for the period for which the State shall hold the seller liable.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title and Name Of Signer \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_