



SEND COMPLETED APPLICATION VIA:
EMAIL: BDP@MidwestWholesale.com
FAX: 800-277-8527
INCLUDE COPY OF RESALE CERTIFICATE
CUSTOMER APPLICATION

1000 Century Drive
 Kansas City, MO 64120
 800-621-9128 fax 800-277-8527

Pending Order: **Yes** _____ **NO** _____ How will you be paying: ACH _____ Check _____ Amex _____ MC _____ Visa _____

Name of firm _____

_____ Corporation _____ Proprietorship _____ Partnership _____ LLC _____ Subsidiary/Branch

Name of parent company (if subsidiary) _____

Phone _____ Fax number _____ Year Established _____

Mailing address:

Shipping address: (if different)

Address _____ Address _____

City _____ City _____

State _____ ZIP _____ State _____ ZIP _____

Owner / Partner (name) _____ Title _____

email _____

Owner / Partner (name) _____ Title _____

email _____

Purchasing contact _____ email _____

Accounts payable contact _____ email _____

Type of business _____ SIC Code _____ Federal ID Number _____

Taxable _____ Exempt _____ Projected amount of monthly purchases _____

Are you affiliated with any Coop or Buying Group? _____ If so, which one _____

*******ACCOUNTS WITH BALANCES IN EXCESS OF 45 DAYS ARE SUBJECT TO CREDIT HOLD*******

References (If wanting to apply for payment terms, give names of those with whom you are currently purchasing on open account)

Name _____ Acct. # _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Name _____ Acct. # _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Name _____ Acct. # _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Bank Name _____ Acct # _____ Phone _____ Fax _____

I, the undersigned, hereby swear (under the penalties of perjury and false swearing), that all of the information shown on this application is true. I further certify if any property so purchased tax free is used or consumed by the firm as to make it subject to Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when the state law provides or inform the seller for added tax billing.

Signature _____ Title _____ Date _____