WHOLESALE ACCOUNT APPLICATION

CHOCOLATE CREATIONS LLC 532 S 3RD AVE. WAUSAU, WI 54401 717-945-4011 PAUL@SWEET-USA.COM
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	BUSINES	SS INFORMATION	
Business Name			Organization Type:
Delivery Address Postal Ad		Address	□ Sole Proprietor
City State		Zip	Partnership
Phone			□ Corp (State)
Date business commenced			□ Other
EIN Number			
Primary Contact			Monthly Sales:
Position			□ 0 to \$500.00
Phone No.			\$501.00 - \$1,000.00
E-mail			<u>□</u> \$1,001.00 - \$5,000.00
Number of Employees			\$5,000.00 - \$10,000.00
Do you use purchase order? □ Yes □ No			□ \$10,000.00 - Up
Business Location: ☐ Home ☐ Commercial Building			
Business Location for Invoi	cing (if different from above)		
TRA	DE REFERENCES (Requ	iired for prepaid as well as op	en accounts)
1. Name		Type of Business	
Address City		State Zip	
Phone		Payment Terms	
2. Name		Type of Business	
		State Zip	
Phone		Payment Terms	
3. Name		Type of Business	
Address City		State Zip	
Phone Payme		Payment Terms	
	PAYMEN	T INFORMATION	
Primary Card:			Billing Address if different from Business Address:
Credit Card #			Street:
Expiration Date:	City		City:
Name as appears on card	Sta		State:
Card Verification Number	Zip (Zip Code:
SHIPPING ADDRESS: Claim	s arising from invoices must be mad	le within seven working days.	
	e/Prepaid (minimum purchase \$250 e/Open Account (average purchase	0.00 per business quarter) es \$250.00 per business month - Net 20 o	days)
		s correct and agree for anyone to release se to the proper payment in consideration	
Signed		Date	