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www.holidaywholesale.com

CUSTOMER ACCOUNT APPLICATION

Print Form ☐

Clear Form ☐

Electronic Signatures
will not be accepted.
Forms must be printed & signed.

NEW Account: ☐ Updated: ☐ Salesperson ID#: ☐ Sell Day: ☐ Del Day: ☐

Account Information

Name Of Account (DBA):			Accounts Payable Contact:		
Location Address:		County:	Billing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Location Phone #:		Location Fax #:	Billing Phone #:		Billing Fax #:
Business Email Address:			Accounts Payable Contact Email Address:		
Primary Contact at Location:		Title:	Business Type:		

Suggestion: Category the Business may be listed in the Yellow Pages of a phone book.

Entity Information

Check one of the following: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Non Profit			<i>State Sales & Use Tax Form MUST be attached. Include copy of Cigarette & Tobacco License (if applicable)</i>		
Entity Name:			Federal ID #:		
Entity Address:			Sales & Use Tax #:		
City:			Cig. & Tob. Lic #:		
State:			Registered Agent:		
Zip Code:			Agent Business Title:		

Business Information

Business Establishment: <input type="checkbox"/> New <input type="checkbox"/> Existing			Provide current Primary Supplier's Name:		
Do you own any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a former customer of Holiday Wholesale? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Former Customer Number		
If Yes, provide Business Info: Name:			If Yes, provide Account Info: Name:		
Address:		County:	Address:		County:
City:	State:	Zip Code:	City:	State:	Zip Code:

Property Information

<input type="checkbox"/>	Owned	Name of Bank:	<input type="checkbox"/>	Leased	Name of Property Owner:
Address:		Phone #:	Address:		Phone #:
City:		State:	City:		State:
		Zip Code:			Zip Code:

Trade · Business References

Name:	Address:	City, State, Zip Code:
Name:	Address:	City, State, Zip Code:
Name:	Address:	City, State, Zip Code:

Owners · Shareholders · Members · Partners · Officers · Directors

First Name:	MI:	Last Name:	First Name:	MI:	Last Name:
Business Title (Shareholder, Officer, President, etc):			Business Title (Shareholder, Officer, President, etc):		
Home Address:			Home Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Home Phone #:	Cell Phone #:		Home Phone #:	Cell Phone #:	
Social Security #:	DOB (MM/DD/YY):		Social Security #:	DOB (MM/DD/YY):	
Email Address:			Email Address:		

First Name:	MI:	Last Name:	First Name:	MI:	Last Name:
Business Title (Shareholder, Officer, President, etc):			Business Title (Shareholder, Officer, President, etc):		
Home Address:			Home Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Home Phone #:	Cell Phone #:		Home Phone #:	Cell Phone #:	
Social Security #:	DOB (MM/DD/YY):		Social Security #:	DOB (MM/DD/YY):	
Email Address:			Email Address:		

Electronic Funds Transfer

Required Information from all Convenience Stores

Name Of Account (DBA):			
EFT Withdrawal Day: <i>Check One</i>	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Name of Bank:	Routing Number:	Account Number:	
Signature of Account Holder <i>(actual signature required):</i>			
Print Name of Account Holder:			Date:
Email Notifications <i>(email address):</i>			

Attach copy of VOIDED check.

PERSONAL GUARANTEE

Please read carefully before signing:

I/We, having a financial interest in the Applicant, to induce Holiday Wholesale to sell goods to Applicant, hereby personally and unconditionally guarantee payment and performance of all obligations of Applicant to Holiday Wholesale (including, but not limited to, all interest, attorney's fees, and financial and service charges) and do hereby agree to pay Holiday Wholesale on demand any sums which may become due Holiday Wholesale from Applicant. Holiday Wholesale may proceed first to enforce its rights against me/us without proceeding with or exhausting any other remedy it may have. I/We acknowledge that this is a Guaranty of payment rather than collection. This guaranty shall be continuing and irrevocable for such indebtedness of Applicant to Holiday Wholesale as presently exists or may hereafter accrue. I/we do hereby waive all suretyship defenses, including, but not limited to, all notices and demands of any kind, including notice of default or nonpayment or deferral of payment. I/we authorize Holiday Wholesale to inquire into and obtain from any bank, lending institution, credit reference, or credit reporting agency any and all information relating to my/our creditworthiness or financial condition. I/we agree to pay, in the event the account becomes delinquent, Holiday Wholesale's attorney's fees associated with collection of the account plus all attendant collection costs whether litigation is initiated or not. I/we also agree that the venue of any action against me/us will at the option of Holiday Wholesale be either in the courts of the state and county where the Holiday Wholesale branch that supplies Applicant is located, where Holiday Wholesale is headquartered, or where Applicant is located. This guaranty is the entire agreement between the parties concerning the subject matter hereof; and all prior and contemporaneous agreements are merged herein. All amendments hereto and the waiver of any rights granted hereunder shall be in writing, signed by the parties. This guaranty shall be governed by the laws of Wisconsin. This guaranty shall bind and benefit the heirs, successors, and assigns of the parties. If there is more than one guarantor, their liability shall be joint and several.

Signatures required by all guarantors.

Signature of Guarantor <i>(actual signature required):</i>	Print Name:	Date:
Signature of Guarantor <i>(actual signature required):</i>	Print Name:	Date:
Signature of Guarantor <i>(actual signature required):</i>	Print Name:	Date:
Signature of Guarantor <i>(actual signature required):</i>	Print Name:	Date:

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CONDITIONS OF SALE AND TERMS OF PAYMENT

In consideration for any sales of goods or extension of credit by Holiday Wholesale ("Holiday Wholesale") to Applicant, Applicant agrees to the terms and the conditions of sale set forth below, and those on each invoice or other account documents. Applicant also agrees to pay a finance charge of one and one-half percent (1½%) per month (18% APR) computed on the unpaid delinquent balance until the account is paid in full and to pay a \$35 service charge for each insufficient funds check returned by any bank to Holiday Wholesale (Finance and service charges are subject to change upon notice to Applicant). Applicant also agrees to pay reasonable attorney fees and the costs incurred associated with collection of the account balance whether or not litigation is commenced.

1. All amounts due for goods and services purchased from Holiday Wholesale are payable at the address shown on Holiday Wholesale's invoice(s) and statement(s) of account. All amounts due Holiday Wholesale are payable in full according to the terms stated on each invoice without offset or deduction.
2. Holiday Wholesale may cancel any extension of credit and/or discontinue sales and deliveries at any time.
3. Applicant may be placed on C.O.D. terms as determined by Holiday Wholesale.
4. Except for express warranties that Holiday Wholesale may put on its invoice(s), Holiday Wholesale makes no warranty about its goods and services; and Applicant buys them "as is". In no event shall Holiday Wholesale be liable for lost profits or consequential damages.
5. All sales to Applicant are final. Applicant must obtain Holiday Wholesale's written authorization before returning any goods. Authorized returns may be subject to a restocking charge as determined by Holiday Wholesale.
6. All transactions arising under this Agreement shall be governed by the laws of Wisconsin. Applicant hereby consents to personal jurisdiction in the Courts of the State of Wisconsin. Venue of any action to enforce this Agreement will be, at the option of Holiday Wholesale, in the State and County where the Holiday Wholesale branch that supplied Applicant is located, where Holiday Wholesale is headquartered, or where Applicant is located.
7. Applicant authorizes Holiday Wholesale to inquire into and obtain from any bank, lending institution, credit reference, or credit reporting agency, any and all information relating to Applicant's creditworthiness or financial condition.
8. Applicant shall notify Holiday Wholesale in writing at least thirty (30) days prior to any change of ownership of Applicant, or of Applicant's business, which notice shall include a complete account application for the buyer. Applicant shall be liable for all purchases by any buyer of the business should said notification not be given. Holiday Wholesale may, regardless of the terms stated on the invoices, require all outstanding amounts be paid in full on demand upon change in ownership, and may refuse to make any further deliveries pending approval of the buyer's credit, which approval shall be in Holiday Wholesale's sole discretion.
9. This Agreement is the entire Agreement between the parties concerning Applicant's purchases from Holiday Wholesale. All prior or contemporaneous agreements are merged herein. All amendments and waivers of any rights granted shall be in writing and signed by the parties. All of Applicant's purchases from Holiday Wholesale shall be subject to this Agreement and to the terms of Holiday Wholesale's invoices, sales confirmations, statements, and its other account documents ("Account Documents"). If there is any conflict between the terms of this Agreement and the terms of the Account Documents, then the terms of this Agreement shall control. This Agreement shall bind and benefit the heirs, successors, and permitted assigns of the parties.

The above information is given for the purpose of obtaining goods and/or credit from Holiday Wholesale, and is warranted to be true and complete by the undersigned signatory.

Entity Name:	Date:
Signature <i>(actual signature required):</i>	
Print Name of Person Signing:	Business Title:

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CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name _____

2 Business address _____

City

State

Zip

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

City

State

Zip

5 Complete the information below. Check only one box.

☐ The purchaser is registered as a retailer with the Illinois Department of Revenue. _____ - _____.
Account ID number

☐ The purchaser is registered as a reseller with the Illinois Department of Revenue. _____ - _____.
Resale number

☐ The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Note: It is the seller's responsibility to verify that the purchaser's Illinois account ID or Illinois resale number is valid and active. You can confirm this by visiting our web site at tax.illinois.gov and using the Verify a Registered Business tool.

General information

When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property.

Do not mail the certificate to us.

Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

☐ I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

☐ I am the identified purchaser, and I certify that the following percentage, _____ %, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

Purchaser's signature

____/____/____
Date

When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

Specific instructions

Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

Line 5 Check the statement that applies to the purchaser's business, and provide any additional requested information.

Note: A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

Step 3: Describe the property

Line 6 On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

Step 5: Purchaser's signature

The purchaser must sign and date the form.