HOLIDAY WHOLESALE
PO Box 177 • Wisconsin Dells WI 53965
Phone (608) 254-8321 • Toll Free
800-333-8321 Fax (608) 254-8003
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: ☐ **Sole Proprietor** ☐ **Partnership** ☐ **LLC** ☐ **Corporation** ☐ **Non Profit**	*State Sales & Use Tax Form MUST be attached. Include copy of Cigarette & Tobacco License (if applicable)*	
	Federal ID #:	
Entity Name:	**Sales & Use Tax #:**	
	Cig. & Tob. Lic #:	
Entity Address:	**Registered Agent:**	
City: **State:** **Zip Code:**	**Agent Business Title:**	

Business Information

Business Establishment: ☐ **New** ☐ **Existing**		**Provide current Primary Supplier's Name:**	
Do you own any other business? ☐ **Yes** ☐ **No**		**Are you a former customer of Holiday Wholesale?** ☐ **Yes** ☐ **No** ☐ **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

☐ Owned	Name of Bank:		☐ Leased	Name of Property Owner:	
Address:		Phone #:	Address:		Phone #:
City:	State:	Zip Code:	City:	State:	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: *Check One*	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**
Name of Bank:	**Routing Number:**	**Account Number:**		
Signature of Account Holder *(actual signature required)*:				
Print Name of Account Holder:	**Date:**			
Email Notifications *(email address)*:				

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 *(actual signature required)*:	**Print Name:**	**Date:**
Signature of Guarantor *(actual signature required)*:	**Print Name:**	**Date:**
Signature of Guarantor *(actual signature required)*:	**Print Name:**	**Date:**
Signature of Guarantor *(actual signature required)*:	**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 *(actual signature required)*:	
Print Name of Person Signing:	**Business Title:**

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Print Form ☐

Clear Form ☐

Reset Form Print Form

Iowa Department of Revenue
www.iowa.gov/tax

Iowa Sales Tax Exemption Certificate

This document is to be completed by a purchaser whenever claiming exemption from sales/use tax.
Certificates are valid for up to three years. *Seller:* Keep this certificate in your files.
Purchaser: Keep a copy of this certificate for your records. Do not send to the Iowa Department of Revenue.

Purchaser Name		
Address		
City	State	ZIP
General Nature of Business		
Telephone Number		

Seller Name		
Address		
City	State	ZIP

Purchaser is doing business as a:

- ☐ Retailer
  Sales Tax Permit No. (if required): _____
- ☐ Retailer Car Dealer DOT No.: _____
- ☐ Wholesaler ☐ Farmer ☐ Lessor
- ☐ Manufacturer ☐ Nonprofit Hospital
- ☐ Private Nonprofit Educational Institution
- ☐ Governmental Agency including public schools
- ☐ Qualifying Residential Care Facility
- ☐ Non-Profit Museum ☐ Other: _____

Purchaser is claiming exemption for the following reason:

- ☐ Resale ☐ Leasing ☐ Processing
- ☐ Qualifying Farm Machinery/Equipment
- ☐ Qualifying Industrial Machinery/Equipment
- ☐ Qualifying Replacement Parts ☐ Qualifying Computer
- ☐ Pollution Control Equipment ☐ Recycling Equipment
- ☐ Research and Development Equipment
- ☐ Direct Pay (permit no. required): _____
- ☐ Other: _____

Description of Purchase: Attach additional information if necessary. _____
Under penalty of perjury, I swear or affirm that the information on this form is true and correct.

Signature of Purchaser: _____ Title: _____ Date: _____

31-014a (08/16/11)

Exemption Certificate Instructions

This exemption certificate is to be completed by the purchaser claiming exemption from tax and given to the seller. The seller must retain this certificate as proof that exemption has been properly claimed. The certificate must be complete to be accepted by the seller. The seller can accept an exemption certificate only on property that is qualified (see the exemptions below) or based on the nature of the buyer. If property or services purchased for resale or processing are used or disposed of by the purchaser in a nonexempt manner, the purchaser is then responsible for the tax.

Exemptions:

Resale: Any person in the business of selling who is purchasing items to resell may claim this exemption. **The purchaser can be acting as either a retailer or wholesaler and may not be required to have a sales tax permit.** Retailers with a sales tax permit number must enter it in the space provided.

Processing: Exempt purchases for processing include tangible personal property which by means of fabrication, compounding, manufacturing, or germination becomes an integral part of other tangible personal property ultimately sold at retail; chemicals, solvents, sorbents, or reagents used, consumed, dissipated, or depleted in processing personal property intended to be sold ultimately at retail; fuel used to create heat, power, or steam for processing or used to generate electric current; and chemicals used in the production of free newspapers and shoppers guides.

Qualifying Farm Machinery/Equipment: The item must be directly and primarily used in agricultural production; and must be one of the following:

1. a self-propelled implement such as a tractor
2. a grain dryer (heater and blower only)
3. an implement customarily drawn or attached to a self-propelled implement in the performance of its function, such as a plow
4. auxiliary equipment improving safety, performance, operation, or efficiency of items 1, 2, 3
5. tangible personal property that does not become a part of real property used directly and primarily in dairy and livestock operations
6. a replacement part for 1, 2, 3, 4, 5, 8, 9
7. baling wire, twine, wrapping, and other similar items used in agricultural, livestock, or dairy production
8. auger systems, curtains, curtain systems, drip systems, fans, and fan systems, shutters, inlets, shutter or inlet systems, and refrigerators used in livestock or dairy production, aquaculture production, or the production of flowering, ornamental, or vegetable plants.
9. snow blower, rear-mounted blade, or rotary cutter used in agricultural production, if attached to or towed by a self-propelled implement.

Qualifying Industrial Machinery/Equipment: This machinery or equipment must be:

- used by a manufacturer
- directly and primarily used in processing tangible personal property or certain other research activities
- certain replacement parts for the above; this does not include supplies

Qualifying Computers:

- sold to commercial enterprise, insurance company, or financial institution
- certain replacement parts; this does not include supplies

Direct Pay: Businesses and individuals who pay their taxes directly to the Department rather than to the seller **must** enter their Direct Pay permit number in the space provided.

Private Nonprofit Educational Institutions: Purchases made by Iowa private nonprofit educational institutions used for educational purposes are exempt.

NOT EXEMPT from sales tax are purchases by most other private nonprofit organizations such as churches, fraternal organizations, clubs, etc., for use by those organizations.

31-014b (07/01/13)