



PO Box 177 • Wisconsin Dells WI 53965
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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: |
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| 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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Print Form ☐

Clear Form ☐

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

☐ A. One-Time Purchase

Order or Invoice Number: _____

☐ C. Blanket Certificate

Expiration Date (maximum of four years): _____

☐ B. Blanket Certificate. Recurring Business Relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. ☐ All items purchased.

2. ☐ Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. ☐ For Resale at Retail. Enter Sales Tax License Number: _____

2. ☐ For Lease. Enter Use Tax Registration Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

3. ☐ For Resale at Wholesale.

4. ☐ Agricultural Production. Enter percentage: _____%

5. ☐ Industrial Processing. Enter percentage: _____%

6. ☐ Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).

7. ☐ Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).

8. ☐ Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).

9. ☐ Rolling Stock purchased by an Interstate Motor Carrier.

10. ☐ Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

| | | |
|---|--|--|
| Business Name | | Type of Business (see codes on page 2) |
| Business Address | | City, State, ZIP Code |
| Business Telephone Number (include area code) | | Name (Print or Type) |
| Signature and Title | | Date Signed |