



NEW CUSTOMER APPLICATION

WHOLESALEGREEK TERMS

MINIMUM ORDERS

Minimum opening order is \$100. For reorders we request a minimum of \$75. Orders placed below \$75 subject to \$5 service charge

CREDIT POLICY

All customers must have a valid credit card on file with WholesaleGreek. Credit approved customers terms are Net 30 days. Customers subject to applicable credit checks that may take up to four weeks to process.

CLAIMS

Claims for defective merchandise, shortages, or damaged merchandise must be made within 10 business days of receipt. Claims for items "lost in transit" must be claimed through WholesaleGreek.

RETURNS

Returns will be refused unless authorization has been made by one of our wholesale representatives. A 30% restocking fee applies to any items returned due to customer error.

SERVICE CHARGES

Outstanding accounts over 30 days are charged at 1.5% interest per month on past due amount plus collection fees. Returned checks accrue a \$35 service charge. Returned shipments subject to all applicable charges and require future orders to be prepaid.

PAYMENT AUTHORIZATION

Company Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Fax: _____
Email: _____

I _____ (herin referred to as "customer") authorize WholesaleGreek and parent company Express Design Group (herin referred to as "merchant") to charge the credit card listed below for purchase of products and/or services made by customer through phone, website, or purchase orders received by merchant.

Name On Card: _____
Type of Card: _____ Visa _____ Mastercard _____ Discover _____ American Express
Card Number: _____
Expiration Date: _____
CV2 Number: _____ (Last three digits on the back of the card in the signature area)
Bank Number: _____ (Telephone number listed on back of card)



Authorized Purchasers for this Account:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____



AUTHORIZATION SIGNATURE*

signature title date

MAIL OR FAX THIS APPLICATION TO:

WHOLESALEGREEK
6 COMMERCE DRIVE
FREEBURG, IL 62243
618.539.9998 TEL
618.539.9997 FAX
sales@wholesalegreek.com

*By signing this document customer agrees to the terms and conditions stated herein.



CREDIT APPLICATION



wholesalegreek.com!
Tip your party & winify ourselves!

credit application page 1 of 2

Company Name: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Email: _____

Primary Contact: _____

Federal ID# _____

Resale # _____

D&B# _____



ENCLOSE COPY OF RESALE CERTIFICATE TO AVOID SALES TAX

BANK REFERENCES

Bank Name: _____

Account Number: _____

Phone: _____

Fax: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Bank Name: _____

Account Number: _____

Phone: _____

Fax: _____

Street Address: _____

City: _____

State: _____ Zip: _____

PRINCIPALS

President/Owner: _____ Email: _____

Vice President/Owner: _____ Email: _____

CFO: _____ Email: _____

Controller: _____ Email: _____

Buyer: _____ Email: _____

Accounts Payable: _____ Email: _____

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TRADE REFERENCES

Company Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Contact: _____ Email: _____
 Credit Line: _____
 Account Number: _____

Company Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Contact: _____ Email: _____
 Credit Line: _____
 Account Number: _____

REQUESTED CREDIT LINE
 \$ _____

To support this application for credit a current financial statement is attached dated:

CREDIT HOLD POLICY
 Accounts not paid within 45 days of invoice receipt will be held. By signing this document, customer understands that WholesaleGreeK charges 1.5% per month on past due balances. Customer also agrees to pay any service charges, if applicable, and all legal and collection costs, including reasonable attorney fees if necessary.

The information provided herein is complete and accurate to the best of our knowledge. We hereby authorize WholesaleGreeK and/or its agent to verify any or all of the information provided. It is our understanding that the information provided will be kept and used by WholesaleGreeK in strict confidence.

Signature: _____ Print Name: _____
 Title: _____ Date: _____

PERSONAL GUARANTEE: The undersigned authorizes WholesaleGreeK to extend credit to the above mentioned account, and in consideration of such credit given, the undersigned personally guarantees payment of all sums due or becoming due to WholesaleGreeK. This guarantee shall be direct and immediate, and WholesaleGreeK shall not be required to take action of to exhaust any remedies against the above mentioned account before proceedings against the undersigned under this guarantee. In the event WholesaleGreeK needs to resort to collection procedures and/or litigation in order to collect any amount due WholesaleGreeK the undersigned agrees to pay the actual and reasonable out-of-pocket attorneys' fees, court costs and other expenses which may be incurred by Wholesale GreeK in enforcing their rights to pay.

The foregoing application has been carefully read by me, the undersigned and is, to my knowledge, in all respects complete, accurate, and truthful. (We) (I) submit the forgoing application in writing intending that you should rely upon it for the purpose of our obtaining merchandise from you on credit.

Signature: _____ Print Name: _____
 Title: _____ Date: _____

Signature: _____ Print Name: _____
 Title: _____ Date: _____

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