

WILMER USE ONLY	
\$ _____	(Amount of First Order)
\$ _____	(Exp. Annual Sales)



800.494.5637 (800.4WILMER)
4wilmer.com

Please Return Via Fax (800.553.4849):

1. Tax Exempt Certificate(s)
2. Credit Application
3. New Distributor Form
4. Purchase Order (if applicable)

☐ PO Attached

PO# _____

To: _____	Date: _____
Fax No: _____	No. Pages: _____
From: _____	Fax: _____

- ☐ 773 – Independent Forms Distributor
- ☐ 766 – Office Product Dealer
- ☐ 772 – Printer
- ☐ 774 – Wholesales

NEW DISTRIBUTOR APPLICATION FORM

PRIMARY DISTRIBUTOR/INVOICING INFORMATION

Distributor Name: _____ Owner: _____

Manager: _____ Sales Manager: _____

Attention: _____ Purchasing: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Email Invoices ☐ Yes ☐ No Email Address: _____

Note: If you select Email Invoice, month end statements will also automatically email. If you desire statements to be delivered to a different email address from invoices, please note here: _____

Send information for access to YourWilmer Dealer Portal ☐ Yes ☐ No Email Address: _____

Website: _____ No. of Outside Reps: _____

SHIP TO INFORMATION *(if different from above)*

Address: _____

City: _____ State: _____ Zip: _____

QUESTIONS OR COMMENTS

Distributor Signature: _____ Date: _____

Print Name: _____

WILMER OFFICE USE ONLY

SALES REP & TERRITORY NO:

- | | | |
|---|---|--|
| <input type="checkbox"/> Amanda Boyle (#1456) | <input type="checkbox"/> Bob Menker (#5264) | <input type="checkbox"/> Samantha Norris (#7001) |
| <input type="checkbox"/> Tom Jackson (#8924) | <input type="checkbox"/> Greg Stalker (#3627) | <input type="checkbox"/> 1 New Welcome Kit (W-WEL-KIT-X) N/C |
| <input type="checkbox"/> Eric Killinger (#9425) | | |

Mailing Address:
 515 W. Sycamore St. • Coldwater, OH 45828-0109
wcs@4wilmer.com



CREDIT APPLICATION

The following credit application must be completed by an authorized individual representing the indicated company and faxed to Wilmer Credit Department at 800-553-4849 along with any applicable tax exemption certificates and financial statements.

Type of Business (check one): ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation
Date Incorporated: _____ Stock Symbol: _____

Business Legal Name: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Primary AP Contact: _____ Website: _____

Year Business Started: _____ Federal ID / EIN #: _____ Duns #: _____

Primary Line of Operations: _____ Estimated Annual Purchases from Wilmer (\$): _____

FINANCIAL INFORMATION (select one and attach): ☐ Audited Statement ☐ Unaudited Statement ☐ Financial Statement (see next page)
☐ Will supply w/nondisclosure agreement ☐ All financial information declined

OWNERS, PARTNERS, MEMBERS OR OFFICERS

Name:	Title:	Address:	Social Security #:	Phone:	Email:

TRADE REFERENCES (3 minimum)

Name: _____ Account #: _____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Account #: _____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Account #: _____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Account #: _____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCES (1 minimum)

Bank Name:		Bank Name:	
Address:		Address:	
Phone:		Phone:	
Contact Name:		Contact Name:	
Type of Account(s): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Other		Type of Account(s): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Other	
Account Number(s):		Account Number(s):	

I (we) have completed this application for the purpose of obtaining credit and certify that all statements contained therein are true and correct. I (we) grant permission for any person or company to furnish to Wilmer any and all information which may be requested for the purposes of analysis of this credit application and for Wilmer to access any reports from credit reporting agencies. I (we) also release Wilmer from any liability for obtaining and using this information in its analysis. I (we) understand and agree that any credit granted as a result of this application, will be paid promptly in accordance with Wilmer credit terms as stated on the invoices received. I (we) confirm that I (we) have read and agree to the terms and conditions indicated on the final page of this application.

Name: _____ Title: _____

Signature: _____ Date: _____



STATEMENT OF FINANCIAL CONDITION

☐ Attached ☐ Estimated Below:

CURRENT ASSETS:

Available cash on hand: \$ _____

Accounts receivable: \$ _____

Inventory: \$ _____

Other current assets: \$ _____

CURRENT LIABILITIES:

Accounts payable: \$ _____

Loans/mortgages due within one year: \$ _____

Tax obligations: \$ _____

Other debts due within one year: \$ _____

FIXED ASSETS:

Equipment Value: \$ _____

Property: \$ _____

Fixtures: \$ _____

Other fixed assets: \$ _____

LONG TERM LIABILITIES:

Loans: \$ _____

Mortgage(s): \$ _____

Other long-term debt: \$ _____

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____

PERSONAL GUARANTEE

(to be completed and signed by owner, partner, member, officer or other securing party)

I, _____, residing at _____

in the city of _____ state of _____, for and in consideration of Wilmer

extending credit at my request to _____ (hereinafter referred to as the "Company"), of which

I am _____, hereby personally guarantee to Wilmer the payment

of any obligation of the Company and I hereby agree to bind myself to pay Wilmer on demand any sum which may become due to Wilmer by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____ Date: _____

Witness: _____

Address: _____ City: _____ State: _____ Zip: _____

TERMS & CONDITIONS

- All decisions with respect to the extension or continuation of open credit terms shall be in the sole discretion of Wilmer and may be terminated at its sole discretion.

PAYMENTS:

- When possible payments are to be made via ACH – Wilmer preferred method, accompanied by CTX formatted remittance information.
- If payment is made by check or money order, make payable to Wilmer and mail to the remittance address indicated on the invoice being paid. Include the detachable portion of the invoice or a clean and concise list of the invoices being paid including reference to the complete invoice numbers and amounts paid in association with those invoice numbers.
- Credit Card payments may be accepted at the discretion of Wilmer.
- All payments are to be received at the Wilmer remittance address on or before the due date of each invoice as defined by the credit terms indicated on the invoice in association with the invoice date.
- Applicant will be responsible for all charges associated with payments returned unpaid by the banking institution for any reason, including but not limited to non-sufficient funds, stopped payment or unfounded credit card charge disputes.
- Wilmer reserves the right to assess interest each month at a rate up to the maximum allowable by law, to any balances not paid in accordance with the credit terms stated on the invoice.
- Applicant, in the event of default, will be responsible for any collection charges, attorney fees and/or court costs incurred in the collection of the debt and agree that any litigation associated with default shall occur in a venue chosen by Wilmer.

BILLING:

- Any dispute of charges reflected on any invoice must be conveyed in writing with support documentation, to fax #937-913-3053 or email ARdisputes@4wilmer.com, preferably 10 days prior to the due date of the invoice. Any dispute made later than 60 days following the due date of the invoice will not be accepted. Validity of any dispute will be determined by analysis of Wilmer records and documentation submitted to support the claimed dispute and is subject to binding arbitration in the event both parties can not reconcile.

PRODUCTS / SERVICES:

- To order additional product or services, contact Wilmer Customer Service at 1-800-494-5637 or fax 1-800-553-4849.
- Reference to your purchase order number or ID is required with all orders placed.

Returns

- Credit will not be issued to the account for merchandise returns without the prior authorization of Wilmer.
- No goods will be accepted for credit after sixty (60) days from date of invoice

Initial to acknowledge you have read and understand the above Terms & Conditions: _____