

Shelby Wholesale Distributors, Inc.

Instructions for completing our Customer Application:

- 1) Fill out form completely. Pay special attention to the company principals section, (name, address, city, state, zip code) as this is required for credit checking.
- 2) **Application must be signed by all of the owners that are responsible parties.**
- 3) You must include a copy of your Michigan sales tax license and your Michigan drivers license. In order for us to accept your check we **must** have the owner who is giving personal guarantee's social security number. **Without all information the account will be set up on a cash only basis.**
- 4) Your application can be faxed to us for quicker processing at (586) 731-5511.

Our Policies:

- 1) Our local delivery charge of \$25.00 will be waived on all orders over \$500.
- 2) **At the time of delivery it is your responsibility to count and verify the total number of cartons of cigarettes and bundles of merchandise on your order.**
- 3) **Any shortages or mis-picks must be called in to our office within 24 hours of delivery.**
- 4) Under **NO** circumstances should the Shelby driver be held while the order is checked in "*item by item*". Check the count and let the driver go.
- 5) If your check is returned to us for any reason by the bank there will be a \$35.00 processing charge and interest will be charged until the check is made good with cash or certified funds. Repayment must be in cash or certified funds.
- 6) Please use our product numbers when ordering as this helps us to get you the right product.
- 7) A fuel recovery charge will be added to each local delivery. UPS orders will be charged actual freight amount at the time the order invoiced.

Signed _____

Printed name _____



Business Information			
Name of Business		Account Manager ID	Terms Requested
Legal (if different)		Sales Tax Number	
Address		Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partner <input type="checkbox"/> Proprietorship	
City, State Zip			
Phone	Fax	Email	

Company Principles Responsible for Business Transactions

Name:	Title:	Home Address:	Home Phone:
Name:	Title:	Home Address:	Home Phone:
Name:	Title:	Home Address:	Home Phone:

Check Signer Information

Name of Bank	Social Security No.
Checking Account No.	Home Address
Drivers License No.	Home Telephone

Trade References

Firm Name	Contact	Telephone Number	Account Open Since

Delivery Information

For Office Use Only

Store Hours	Customer Number
Cross Streets	Driver Number
Delivery Day	Stop Number
Managers Name	Matris Class

Confirmation of Information, Authority to Verify, And Personal Guarantee

I hereby certify that the information in this application is correct. The information included in this application is for use by Shelby Wholesale Distributors, Inc. in determining the amount and conditions of credit to be extended. I understand that Shelby may also use this application to release information necessary to assist in establishing a line of credit. I also understand that upon signing this agreement I have agreed to personally guarantee any and all debts incurred by the above establishment during the course of business with Shelby. I understand and agree to pay a service charge on all overdue balances of .34% (18% annual) plus a reasonable (33.3%) attorneys fee should the above establishment breach this contract. I also agree to pay a service charge of \$35.00 per check plus interest of .34% (18% annual) on any returned checks.

Signature	Title	Date
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Policy Statement: Initial order from new customers will not be processed unless accompanied by ALL of the above requested information