



Return the following items to Unravelled Inc by mail or fax:
• Completed Unravelled Inc Wholesale Account Application (this form)
• Completed Washington State Resale Certificate

Wholesale Account Application

Business Info *(required)*

Store Name _____ Retail Storefront Retail Online Retail Storefront & Online Other
Unravelled Inc. may require proof of retail storefront or online store before establishing an account.

Store Address (no PO Boxes) _____

Mailing Address (if different) _____

Phone _____ FAX _____ Email _____

Years in Business _____ Years at this Location _____ Days/Hours of Operation _____

Federal Tax ID _____ State Tax ID _____

Authorized Purchasers for This Account: _____
(if blank, only owner(s) will be authorized to order)

Miscellaneous Info *(optional)*

How did you hear about us? Direct Mail Internet Search Referral Customer Request Another Store Other: _____

We send occasional updates to our customers, would you like to be on our email list? Yes No *(your email address will not be shared with anyone)*

COMPLETE ONLY IF APPLYING FOR CREDIT ACCOUNT WITH UNRAVELLED INC.

Initial orders must be prepaid, subsequent orders for approved accounts will receive NET 30 billing.

- NET 30 billing is requested for this account
 - All accounts are **pre-paid only** unless NET 30 credit is approved.
 - Unravelled Inc. reserves the right to request wholesale references before offering credit privileges.

Legal Entity Type Sole Proprietorship Partnership Corporation

TERMS AND AGREEMENTS FOR NET 30 BILLING

In consideration for credit being extended, the undersigned acknowledge and agree to the following:

- 1) Credit terms are NET 30 with full payment due by date of invoice;
- 2) All past due accounts will be placed on credit hold until the matter is resolved and will be assessed a service charge of 1.5% per month (18% annually);
- 3) Any charges outstanding after 90 days from the date of invoice are subject to collection or arbitration and all expenses, attorney's fees and court costs and will be borne by the account holder;
- 4) All claims, requests for adjustments or notifications of errors must be made in writing (e.g., letter, fax or email) within 15 (fifteen) days of invoice date or charges will be considered accepted;
- 5) Credit privileges may be withdrawn at any time without invalidating this agreement.

By signing, I affirm that the information provided is accurate. *(if partnership, two signatures are required)*

If I have requested a NET 30 credit account, I agree to the terms provided on this form.

Owner Name (print) _____ Owner Name (print) _____

Title _____ Title _____

Signature _____ Signature _____

Date _____ Date _____