



SUPREME SEAT COVERS

12105 SW 129TH COURT, BAYS 10 & 11, MIAMI, FL 33186
TEL: 305-256-2986 FAX: 305-256-8278

WHOLESALE ACCOUNT APPLICATION

Bill To Address

Ship To Address (If Different)

Legal Name: _____

Company Name: _____

D/B/A: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Type of Organization: ___Sole Proprietor ___Corporation ___Partnership ___Other

Years in Business: _____ **Sales Tax No.:** _____ **Fed. Employer ID #:** _____

Principals/Officers of Organization

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

Terms Requested: ___Pay On Receipt ___COD ___Net 30 (Minimum \$200.00 monthly order. Requires Credit Application)

By signing this Wholesale Account Application, Applicant/Debtor/Customer consents to be bound by a contractual agreement both personally and corporately to be responsible for the payment of all debt arising out of the purchase of goods/merchandise from Vendor/Creditor. Should any bankruptcy proceedings ever be filed by debtor, debtor agrees that in order to avoid manifest injustice and prejudice to creditor/vendor, all obligations due under this established business relationship shall be afforded a contractually secured priority. Debtor agrees to relief creditor of all costs associated in collections proceedings. Further, applicant signing this form hereby acknowledges to be an officer or agent of Applicant with adequate ability and legality to enter into such agreement.

Applicant's Signature _____ Title _____ Date _____

WHEN FULLY COMPLETED, PLEASE MAIL BACK TO ADDRESS ABOVE OR FAX TO (305) 256-8278