



WHOLESALE APPLICATION

In order to establish an account with Vumawear, LLC and to acknowledge terms and conditions of sale (on subsequent pages), to establish tax status of merchandise purchased and to obtain merchandise services or credit, the undersigned makes the following statements in writing to be true and correct.

(PLEASE TYPE OR PRINT LEGIBLE) Please fax to 410-647-0662

Applicant

Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax(____) _____

Email Address: _____ Website: _____

Business Partner (s) or Authorized Agent (s)

Name _____

Phone (____) _____ Fax(____) _____

Email Address: _____

Business History

Business Name _____

___ Individual ___ Partnership ___ Corporation Tax ID # _____ Sales Tax ID # _____

Owners/Partners, or Corporate Officers: Name & Title _____

Number of Years in business: _____ Number of Locations: _____

Vender References

Business Name _____ Phone(____) _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Years Known _____

Business Name _____ Phone(____) _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Years Known _____

Business Name _____ Phone(____) _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Years Known _____

PURCHASE AGREEMENT

Applicant authorizes Vumawear, LLC to obtain necessary reference information at any time from any source and agrees to pay for purchases according to the credit terms on our invoice or, if none appear, according to terms of Net 30 (subject to approval) (see credit application). The undersigned hereby agrees that all work performed, services rendered and material furnished shall be governed by and subject to the "terms and conditions" set forth on the terms and conditions rider and incorporated by reference. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within 30 days of any change in style of business organization, financial condition or controlling ownership. Applicant agrees to pay a service charge of 1-1/2% per month or the maximum allowed by law, whichever is lower on any past due balances and if the account is placed for collection, agrees to pay all costs of collection, including reasonable attorney fees.

Applicant/ Partner/ Authorized Agent Name _____ Title _____

Signature _____ Date _____



CREDIT CARD AUTHORIZATION FORM

**Must be faxed – this form is required with your application!*

This is to authorize Vumawear, LLC to charge my credit card for all future purchases.

Company Name _____

Print Name that appears on the Credit Card _____

Credit Card Type, Please Circle - Visa / Master Card / Amex / Discover

Credit Card # _____

Expiration Date _____

4-Digit Security # _____

Billing Address associated with Credit Card _____

TOTAL AMOUNT TO CHARGED CREDIT CARD \$ _____

Applicant Signature

Business Partner(s) or Authorize Agent(s) Signature

Today's Date _____

Please sign to confirm that you have reviewed this order and have the authority to place the order on behalf of the business listed above. **As a wholesaler you agree not to perform charge backs against Vumawear, LLC.**

X _____

**Should the above information change, a new Credit Card Authorization form must be submitted.*