

APPLICATION FOR NEW ACCOUNT OR CREDIT TERMS



COD or Credit Card accounts, please complete Sections 1 through 7 below. For credit terms, please complete ALL sections. A Personal Guaranty may be required to extend credit terms, if this should be requested we will contact you via U.S. mail. Note: Accounts with 1 year of inactivity will be removed and a new application will be required to reactivate. Please complete required fields, missing information will delay processing of application.

Section 1 - Business Information:	
Date: <u>12/20/12</u>	Account Number: <u>1103348</u> Completed by: _____
Legal Name of Business: <u>Wing Group LLC</u>	
Legal Status (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Individual	
Type of Business: <u>Restaurant</u>	Years in Business: <u>1</u>
Business or Owner previously have an account with Würth Baer Supply Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Account Number: _____	
Is property owned or rented (check one): <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent Number of Employees: <u>10</u>	
Federal Tax ID Number: <u>45-4803075</u> Social Security #: _____	
Section 2 - Purchasing Online & Email Notifications: <input type="checkbox"/> Check here if you do not have access to technology. (i.e.: computer or fax)	
Activate Purchasing Online at www.wurthbaersupply.com: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Web Contact: _____	
Online Login Information: User ID: _____ Password: _____	
Receive E-mail Notifications: (Select and enter e-mail address) <input checked="" type="checkbox"/> Order Confirmation: <u>mkoest@gmail.com</u>	
<input checked="" type="checkbox"/> Shipment Notification: <u>mkoest@gmail.com</u>	
Section 3 - Billing Information:	Shipping Information:
Street Address: <u>1465 Dorthen</u>	Street Address: <u>30124 Harper</u>
City: <u>Grosse Pointe Woods</u> County: <u>Wayne</u>	City: <u>St. Clair Shores</u> County: <u>Macomb</u>
State: <u>MI</u> Zip (+4): <u>48236</u>	State: <u>Michigan</u> Zip (+4): <u>48082</u>
Phone: (313) <u>655 4190</u> Fax: (____) _____	Phone: (313) <u>655 4190</u> Fax: (____) _____
Multiple Billing/Shipping Addresses - Please use a separate sheet to indicate	
Where is purchasing done (check one): <input checked="" type="checkbox"/> Billing Address <input type="checkbox"/> Shipping Address 80244 22	
Section 4 - Owner Information:	
Owner(s): <u>Michael Koester</u>	Phone: (313) <u>655 4190</u> Fax: (____) _____
Contact for Orders: <u>Michael Koester</u>	Phone: (313) <u>6554190</u> Fax: (____) _____
Contact for Accounting: <u>Michael Koester</u>	Phone: (____) _____ Fax: (____) _____
Section 5 - Tax Exempt:	
Business Sales Tax Exempt: (check one) <input type="checkbox"/> Yes (If exempt, must attach copy of tax exempt certificate) <input checked="" type="checkbox"/> No	
Resale Tax Number: (Tax will be charged unless certificate is included) _____	
Section 6 - Credit Card:	
Use credit card on file for ALL purchases? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name on card: _____	Credit Card Number: _____ Exp. Date: _____
Section 7 - E-Check - ACH Debit:	
Use bank account on file for all purchases: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Routing #: _____	Accounting #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name: _____	Name on account at bank: _____
Signed Authorization: _____	Name printed: _____
For Office Use Only	
Sales Branch #: <u>20</u>	Ship Branch #: <u>20</u> Sales ID: <u>277</u> Credit Rep.: <u>11</u> Industry Code: _____
Ship Via Code: <u>OT</u>	Route Code: <u>030</u> Freight Code: <u>R</u> Handling Code: <u>R</u> Approved By: _____