



We Value Your Opinion

- Doing the right thing in business is often gauged by how well you listen to your customers.
- Here at Wilcor Our ears are wide open.
- We are collecting ideas for new items or changes to existing items to improve your future sales.
- Use the form below to pass your ideas to the Wilcor Purchasing Team
- If it is a new item suggestion and you have details of MFG name, city, Item #, UPC #, retail it helps to provide this.

Change to item # _____

New item for category: _____

Change to item # _____

New item for category: _____

Change to item # _____

New item for category: _____

Change to item # _____

New item for category: _____

Ways to help us help you!

- 1.Hand to your salesman
- 2.Fax to: 315-733-6493.
- 3.Email to: purchasing@wilcor.net
- 4.Mail to: Wilcor International Inc.161 Drive In Rd, Frankfort NY 13340

“Pictures or sample of packages also help”

Make copies of this form so you and your employees can offer suggestions throughout the year

To process credit application (page 1&2) properly, please fill out application completely. For faster service, call your credit references to inform them Wilcor will be faxing for a credit check. Credit is based on approval of corporate financial advisor's approval.

Page 2 "Personal Guarantee Form" Must be completely filled out for application to be accepted

161 Drive In Road, Frankfort, NY 13340
Accounts Receivable: 800-346-2345 ext: 241
Fax # 315-733-3215

Name of business _____ **Credit Limit Requested \$** _____
Mail to: Address _____ City _____ State _____ Zip _____
Ship to: Address _____ City _____ State _____ Zip _____
Telephone: _____ Fax: _____ Email: _____
How long have you owned this business? _____ How long at above address? _____
Is your firm a () corporation () proprietorship () LLC () Other, explain _____
County and state firm registered? _____ Tax ID # _____

Name of owner _____ Telephone _____
Mail to: Address _____ City _____ State _____ Zip _____
Telephone: _____ Fax: _____ Email: _____
Responsible for payment account process _____ Phone# _____
Cell Phone: _____ Winter Address: _____

Other partners or officers (if corp.)

Name _____ Address _____ City _____ State _____ Zip _____
Name _____ Address _____ City _____ State _____ Zip _____

Business Bank _____ Acct. # _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Fax# _____

Trade References (minimum 4 required - suppliers, no utilities)

1. Name _____ Telephone _____ Fax _____
Address _____ City _____ State _____ Zip _____
2. Name _____ Telephone _____ Fax _____
Address _____ City _____ State _____ Zip _____
3. Name _____ Telephone _____ Fax _____
Address _____ City _____ State _____ Zip _____
4. Name _____ Telephone _____ Fax _____
Address _____ City _____ State _____ Zip _____

Check one: OK to ship orders COD while credit is processed (), ship when credit is established ()

Terms: net 30 days (or otherwise noted on invoice); and 2% monthly finance charge on any overdue balances. No goods to be returned without authorization. No sales are made on consignment. If payment is not made on time, we extend our right to turn your account over to a collection agency and your company, as well as the undersigned individual, will be held liable for all overdue balances as well as for reasonable collection fees from the agency, lawyer, and or court used in the collection of your past due account. Return check policy: if a check is returned there will be a \$40.00 service charge, and your account may be placed on COD cash only basis. By my signature I state that I understand the terms and policies on collection of the firm who extended this application; and agree to payment within those terms. I understand that the above information that I have given is true and that it may be used to obtain references on which the firm can base credit for my company.

Signature of store owner _____ Print name _____
Name of Business _____ Date _____

INDIVIDUAL PERSONAL GUARANTEE

Date _____

I, _____, residing at _____

Your name

your home address

_____ for and in consideration of your extending credit

home phone #

at my request to _____ (here in after referred to as the

name of the company

company), of which I am _____, herby personally guarantee to

title

you the payment at Wilcor International, in the State of New York, of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood and agreed that this guaranty shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. It is further understood and agreed that this guaranty shall be construed in accordance with, and shall be governed by, the laws of the Sate of New York, and that venue for the interpretation and/or enforcement there of shall be in Oneida County, New York.

Terms: Net 30 days (or otherwise noted on invoice); and 2% monthly finance charge on any overdue balances. No goods to be returned without authorization. No sales are made on consignment. If payment is not made on time, we extend our right to turn your account over to a collection agency and your company, as well as the undersigned individual, will be held liable for reasonable collection fees from the agency, lawyer, and or court used in the collection of your past due account. Return check policy: if a check is returned there will be a \$40.00 service charge, and your account may be placed on COD cash only basis. By my signature I state that I understand the terms and policies on collection of the firm who extended this application, and agree to payment within those terms. I understand that the above information that I have given is true and that it may be used to obtain references on which the firm can base credit for my company.

Your name _____ Your signature _____

Date _____ Address _____

Email: _____

AUTHORIZATION TO FURNISH INFORMATION

To: _____

Name of bank

You are hereby authorized to furnish Wilcor International Inc. with account and credit information in connection with our application for credit with them. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Business name _____ Authorization Signature _____

Account #(s) _____ Date _____

NEW Account Form

Wilcor International

161 Drive In Road, Frankfort, NY 13340
Accounts Receivable: 800-346-2345 ext: 241
Fax # 315-733-3215

This is to set up a new account. It does not pertain to opened terms. Please fill out credit application to establish terms on your account.

FOR WILCOR OFFICE USE:

Account # _____
Date: _____ By: _____

(Please print or type)

Name of business _____ Contact Name: _____

Mail To Address _____ City _____ State _____ Zip _____

Ship To Address _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Name of Owner _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

ANY RETURN CHECKS OR UNPAID BALANCES ARE SUBJECT TO COLLECTION FEES UP TO 50%

CREDIT CARD AUTHORIZATION

Please charge my (Check one) Master Card Visa American Express Discover

Name as appears on credit card: _____

Account # _____ Expiration date _____

The last three digits of number code on the back of the credit card _____

Cardholders billing address if different from above:

Address: _____ State _____ Zip: _____

Please charge my (Check one) Use for this order only Use for this order and future orders

IF PAYING BY CHECK

Bank Name: _____ Bank Contact: _____

Account # _____ Phone: _____ Fax: _____

SALES TAX BLANKET EXEMPTION CERTIFICATE

Name of seller: Wilcor International
Address: 161 Drive In Rd., Frankfort, NY 13340

I certify that, unless I advise you to the contrary in writing, all property and services (purchased) hereafter is exempt. The provisions of this certificate are a part of every transaction between the parties herein. I am authorized to execute this certificate and claim its exemption. Misuse of the certificate by seller, buyer, or their representatives, is punishable by fine and imprisonment.

Business Name: _____ Tax ID # _____

Address: _____ State _____ Zip: _____

Signature _____ Signer's title: _____

Exemption reasons: all required information and numbers must be supplied, or certificate is void.
Property and/or services will be resold or rented in ordinary course of purchasers business conducted under

