



*Wills International*

**Office Use Only**

Acct#: \_\_\_\_\_

Approved by: \_\_\_\_\_

Terms: \_\_\_\_\_

Date: \_\_\_\_\_

**NEW ACCOUNT APPLICATION**

Sales Rep (initials) \_\_\_\_\_

NOTE: This application must be filled out completely and approved by our Credit Department before a line of credit can be established.

Legal Business Name \_\_\_\_\_

D/B/A \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Federal ID# \_\_\_\_\_ ☐ On-Premise ☐ Off-Premise

License # \_\_\_\_\_ (please include copy of license with application)

Delivery Hours (earliest to latest time frame) **Tues** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thurs** \_\_\_\_\_ **Fri** \_\_\_\_\_

Receiving Hours / Delivery Entrance \_\_\_\_\_ **Additional Delivery Instructions** \_\_\_\_\_

A/R Contact \_\_\_\_\_

Order Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Fax \_\_\_\_\_

***Please list two Business References:***

**1** Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2** Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:***

- 1). All Wills International invoices are due and payable within 30 days of our invoice date. Applicant agrees to pay any costs incurred for collection.
- 2). The above information is for the purpose of obtaining credit and is warranted to be true and hereby authorizes Wills International, or a credit bureau employed by Wills International or its affiliates, to investigate the above statements and references pertaining to your credit & financial responsibilities.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Name Printed \_\_\_\_\_ Date \_\_\_\_\_