

LEM Products Sales, LLC
4440 Muhlhauser Rd, Suite 300
West Chester, OH 45011-9767
877-536-7744 Phone
513-202-9494 Fax

FOR ACCOUNTING USE ONLY

LEM Customer # _____

Approval Date _____

Approved By _____

Approved Credit Limit _____

ACCOUNT POLICY

In order to establish an account, you must first meet the following requirements:

1. Operate a full-time business
2. Open to the public during commonly accepted business hours
3. Have all necessary Federal, State and Local licenses

LEM Products Sales, LLC does not knowingly sell to individuals who operate out of their homes or who wish to purchase solely for their own personal use or for that of friends. All applications are subject to approval and acceptance for processing does not constitute our approval of the application.

ACCOUNT REQUIREMENTS

Please enclose the following with this application:

1. At least two photographs of the business
 - a. Showing exterior building and sign.
 - b. Showing the interior of the building including inventory, fixtures, or space to be occupied (if a new business).
2. Copies of Resale and/or Sales and Use Tax Permits/Licenses.

WHOLESALE APPLICATION

A. Applicant

Date: _____

Legal Business Name: _____

(List all Trade Names, DBA's, Divisions or Subsidiaries)

Phone: _____ Fax: _____

Email: _____

Mailing Address: _____

Shipping Address: _____

What is your preferred method of shipping?

___ UPS Account # (if billing your account) _____

___ FedEx Account # (if billing your account) _____

___ LTL Do you have a dock? Yes ___ No ___

Dock Hours _____

Do you require accessorial needs Yes ___ No ___

(Lift Gate Required, Delivery Appt., Limited Access Pickup, Limited Access Delivery, Sort & Segregate, Etc.)

Is your address demeaned "Rural" Yes ___ No ___

*These indicators can result in higher shipping rates. Please inform us if one or more apply to you. If a shipment is processed and additional fees are incurred, all additional fees will be billed to you.

Do you have?

Retail Location Only Yes ___ # of Locations _____

Retail Location and Website Yes ___ Web Address _____

Website Only Yes ___ Web Address _____

Will you be:

Selling from a Retail location Yes ___ No ___

Drop shipping to customers* Yes ___ No ___

(This means expectation is to have LEM fulfill orders from our location to your customer as you will not stock inventory)

*If yes, will you ship to California? _____

Use the product in your business and not resell Yes ___ No ___

Other, please explain _____

B. Business Information

Sole Proprietorship Owner: _____

Partnership Partner: _____

Partner: _____

Corporation President: _____

LLC Vice President: _____

Other Secretary: _____

Treasurer: _____

Authorized Buyers _____

Year Established: _____

Federal Tax ID (EIN#): _____

In which states do you currently collect sales taxes? _____

Do you have a physical presence in the states of California? _____

Will you resale the purchased product? _____

Social Security # (if no EIN#): _____

Resale Certificate must be included.

A copy of the above documentation stating this number belongs to your company MUST be included for your account to be set up.

C. Accounts Payable

Contact: _____

Phone #: _____

Email: _____

D. Transportation

Contact: _____

Phone #: _____

Email: _____

E. Buyer

Contact: _____

Phone #: _____

Email: _____

F. Banking Information

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Requested Credit Limit \$_____

(If a credit limit is not requested, a maximum credit limit of \$1,000 will be assigned after credit check)

G. Trade References

Must have at least 3 references for Net 30 terms. References not necessary if paying by credit card.

Name	Address	Phone Number	Fax Number	Account #

Please make sure to fill in all information in this section or it may slow the approval process.

Print Name: _____ Title: _____

Signature: _____ Date: _____

**Please make sure all requested information is complete.
An incomplete credit application may result in a delay of approval.**

We want you to be successful! Please take this survey to help us help you.

Business Description:

Company Website Address: _____

Other Websites Associated with your Company: _____

Business Start Date: _____ Estimated Sales: _____

Space (Sq. Feet): _____ Number of Employees: _____

Which Best Describes your business?

- | | | | |
|------------------------------------|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Hardware | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Internet | <input type="checkbox"/> Catalog |
| <input type="checkbox"/> Sportsman | <input type="checkbox"/> Sporting Goods | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Outfitter |

What types of products do you sell?

What Prompted your Interest in our Products?

What is your Target Audience?
