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VENDOR ACCOUNT APPLICATION

(Required before orders can be processed)

EVPress LLC
P.O. Box 164
Madelia, MN 56062
Fax: (507) 642-8685
www.savingmillie.com

BUSINESS PROFILE

Company DBA (doing business as) name: _____

Legal business name (under which tax returns are filed): _____

Federal Tax ID number: _____ Date business established (MM/YY): _____

Business telephone number: () _____ Business fax number: () _____

Business street address: _____ City: _____ State: _____ Zip Code: _____

Business mailing address: _____ City: _____ State: _____ Zip Code: _____

Mail correspondence and statements to: Street address Mailing address Other

E-mail address: _____ State Tax Exempt No. (Required) _____

Type of business: Sole proprietorship Partnership Corporation Nonprofit Limited liability co.

Describe your product line/service:

Number of store locations? _____

OWNERSHIP: Please list the three owners with the largest share of ownership.

Owner's Name

BANK AND CREDIT REFERENCES: Provide one bank preference and three supplier references.

Bank/Supplier Name	Contact Name	City/State/Zip Code	Phone Number

PAYMENT PROFILE: Payment Method (check one): Credit Card Billing Check Cash Bill Us (Prior credit approval required. Valid credit card must be on file as security)

Purchase Orders Required? Yes No **PAYMENT TERMS** (accounts with credit approval): Net 30 after date of invoice. Finance charges of 1.5% per month.

Credit Card Information (Required for all Vendor accounts):
Name on Card _____ Billing Address: _____
AMEX MC Visa (circle one) CC Number: _____ Exp. Date: _____

Agreement Acceptance and Personal Guarantee – Owner's Signature(s) Required

Your signature indicated that, on behalf of the business named above ("Applicant") and also yourself in your individual capacity, you agree to be bound by the EVPress LLC (EVP) terms of sale herein and as published. Orders will be filled as and when received, subject to availability of inventory. EVPress LLC reserves the right to refuse to fill any order for any reason. All sales are final and non-returnable unless with prior written approval from EVPress. Risk of loss will pass to Applicant upon deposit of the items ordered with a common carrier of shipment to Applicant at the address designated by Applicant.

I represent that I am hereby authorized by the Applicant to enter into this agreement. I agree that, upon approval of this application, the Applicant will be bound by the terms and conditions herein and agrees to pay for all merchandise received at the published prices as stated in the current EVPress, LLC (EVP) Vendor Price Sheet, plus shipping as applicable, or as quoted. I also agree to pay for finance charges assessed for overdue balances and for all costs of collection, including reasonable attorney's fees. I authorize EVP to process payment to my credit card at time of shipment (or after 30 days of invoice for payment of overdue balance on accounts where credit is extended). Credit approval is at the sole discretion of EVP. This agreement is governed by the laws of Minnesota.

To induce and in consideration of EVP's shipment of products to the above named dealer, by signing, I, in my individual capacity (even though I use a title or other designation with my signature) agree to personally and unconditionally guarantee any payment due to EVP as billed, including costs of collection.

1) Owner's Signature	Print Name	Date	2) Owner's Signature	Print Name	Date

For EVPress LLC Use:

Account No: _____ CC on File? Yes No Credit Terms Extended? Yes No Approved By: _____ Date: _____

Notes: