

**\*\*PLEASE FAX OR EMAIL YOUR RESALE CERTIFICATE WITH YOUR APPLICATION\*\***



(Please type or print clearly) **NEW ACCOUNT/ACCOUNT UPDATE FORM** Check One

Date \_\_\_\_\_ New Account \_\_\_\_\_  
Update \_\_\_\_\_

Legal Company Name \_\_\_\_\_

Trade Name \_\_\_\_\_ Date Business Began \_\_\_\_\_

Street \_\_\_\_\_ Annual Sales \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Business Net Worth \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ DUNS # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Would you like to be listed on our WEINBRENNERUSA Website Dealer Locator:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**How would you like to be linked to our Dealer Locator:** \_\_\_\_\_ Website Address \_\_\_\_\_ Email Address \_\_\_\_\_

Business is:	Location is:	Building is:	Check if:
<input type="checkbox"/> Corporation	<input type="checkbox"/> Downtown	<input type="checkbox"/> Owned	<input type="checkbox"/> You have ever declared bankruptcy
<input type="checkbox"/> Partnership	<input type="checkbox"/> Rural	<input type="checkbox"/> Rented	<input type="checkbox"/> A company you have had ownership in has ever declared bankruptcy
<input type="checkbox"/> Individual	<input type="checkbox"/> Residence	<input type="checkbox"/> Leased	<input type="checkbox"/> You have any pending lawsuits against you or your company
Federal ID # _____			
Social Security # _____			
Requested Credit Limit \$ _____			

**NAME OF OFFICERS AND/OR PARTNERS AND/OR OWNERS**

	Name/Title	Home Address	Home Phone #
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

**NAME OF BANK WHERE PRIMARY ACCOUNT IS MAINTAINED:**

Name \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ Acct Name \_\_\_\_\_ Acct # \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Name \_\_\_\_\_

Applicant submits for consideration by Weinbrenner Shoe Company, Inc. the above information to establish a credit account. Interest will be charged monthly at a rate of 1.5% on all amounts past due more than 30 days. Applicant agrees to pay all costs of collection and attorney fees should such action be necessary due to non-payment of amount owed. Applicant authorizes Weinbrenner Shoe Company, Inc. to make an inquiry to the financial institution list above for the purpose of extending credit. Applicant agrees to abide by the Market Policy detailed on page 2 of this application. Applicant agrees to abide by each policy listed on each divisional price list.

(Authorized Signature) \_\_\_\_\_ Title \_\_\_\_\_  
(Print Signer's Name) \_\_\_\_\_ (Salesman) \_\_\_\_\_

TRADE REFERENCES

1-Name \_\_\_\_\_ 2-Name \_\_\_\_\_
Street \_\_\_\_\_ Street \_\_\_\_\_
City, State \_\_\_\_\_ Zip \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
Phone# \_\_\_\_\_ Traded Since \_\_\_\_\_ Phone # \_\_\_\_\_ Traded Since \_\_\_\_\_
Fax# \_\_\_\_\_ Acct# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_
3-Name \_\_\_\_\_ 4-Name \_\_\_\_\_
Street \_\_\_\_\_ Street \_\_\_\_\_
City, State \_\_\_\_\_ Zip \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
Phone# \_\_\_\_\_ Traded Since \_\_\_\_\_ Phone# \_\_\_\_\_ Traded Since \_\_\_\_\_
Fax# \_\_\_\_\_ Acct# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_

PREFERRED SHIPPING METHOD: \_\_\_\_\_ Ship & Cancel \_\_\_\_\_ Ship & Backorder
\_\_\_\_\_ UPS Ground \_\_\_\_\_ FedEx Ground Other \_\_\_\_\_
Direct Bill Shipping Number: \_\_\_\_\_

MARKET POLICY

- Dealer agrees to abide by the MAP (Minimum Advertised Price) policy outlined on the most current dealer price list.
• Dealer agrees NOT to offer for sale Weinbrenner’s own branded product on 3rd party websites, fulfilled through 3rd party, and/or any other internet retail space provider without the express written consent of the Vice President of Finance for Weinbrenner Shoe Company, Inc.
• Dealer agrees NOT to offer for resale Weinbrenner’s own branded product to authorized or non-authorized retail or website dealers without prior written approval from a WSC Divisional Vice President.
• Dealer acknowledges that access to one division’s product line does NOT grant you access to another division’s product line. Account’s purchasing power within a division may only be granted by the Divisional Vice President.

\*\*\*\*\* YOUR COMPANY LISTINGS (Must be filled out!)\*\*\*\*\*

Would you prefer to receive correspondence via email? \_\_\_ Y \_\_\_ N

Email Address/Name/Phone Would you prefer to receive invoices via email? \_\_\_ Y \_\_\_ N

Corporate: Email \_\_\_\_\_
Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_
Billing: Email \_\_\_\_\_
Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_
A/P: Email \_\_\_\_\_
Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_
Receiving: Email \_\_\_\_\_
Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_
Purchasing: Email \_\_\_\_\_
Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Dealer Locator Web Address: \_\_\_\_\_

Dealer Locator Email Contact: \_\_\_\_\_