



www.wallaroothats.com info@wallaroothats.com



CARKELLA

UNIQUE BRANDING *for* EXTRAORDINARY EXPERIENCES

www.carkella.com info@carkella.com

Wholesale & Credit Application

* designates required fields

BUSINESS INFORMATION

*Business Name:		*Business Phone:	
*Type of Store:		*Type of Business:	
*Years in Business:	*Tax ID #:	Resale # (CO retailers only):	
*BUSINESS ADDRESS			
Street Address:		Bldg., Unit, Ste.:	
City:	State:	Zip:	
*BILLING ADDRESS <input type="checkbox"/> Check here if Billing Address is the same as Business Address			
Street Address:		Bldg., Unit, Ste.:	
City:	State:	Zip:	
*SHIPPING ADDRESS <input type="checkbox"/> Check here if Shipping Address is the same as Business Address			
Street Address:		Bldg., Unit, Ste.:	
City:	State:	Zip:	
Use your company shipping account			
If you would like to use your company shipping account, please select the shipping company you use and enter your account number.			
Shipping Company:		Shipping Account #:	
Special instructions for accounting or shipping processes:			

CONTACT INFORMATION

Owner:	Email:	Phone:
*A/P:	*Email:	*Phone:
Buyer:	Email:	Phone:
Other:	Email:	Phone:

ACCOUNTING INFORMATION

Requested payment method: <input type="checkbox"/> Credit Card ¹ <input type="checkbox"/> ACH <input type="checkbox"/> Net 30
¹CREDIT CARD INFORMATION
Card #: _____ Exp. Date: _____ CVV: _____

LIST 5 TRADE REFERENCES OF PRINCIPAL SUPPLIERS

<i>Attention Golf Shops: Please use smaller companies as credit references as the larger companies do not provide credit references.</i>		
1. Name: _____	Email/Fax: _____	Acct. #: _____
2. Name: _____	Email/Fax: _____	Acct. #: _____
3. Name: _____	Email/Fax: _____	Acct. #: _____
4. Name: _____	Email/Fax: _____	Acct. #: _____
5. Name: _____	Email/Fax: _____	Acct. #: _____
Dun & Bradstreet #: _____		

In consideration of, and in order to establish an open account line of credit based on this application, the undersigned promises to pay and guarantees full payment for all purchases in accordance with the terms of sale. If at any time, for any reason, the purchaser fails to pay for said purchases when due, the undersigned agrees to pay and authorizes Wallaroo Hat Company, LLC, to bill the account interest at the rate of 1 ½ % per month on any past due amount owing. In the event it becomes necessary to incur collection and/or attorney's fees, the undersigned agrees to pay such additional costs. Any dispute, claim or suit shall be determined in accordance with the laws of the State of Colorado and venue is agreed to be in Boulder County, Colorado.

*By checking this box, the person submitting this form being duly authorized has read and agrees to the terms set forth herein. I certify that all statements made in this application, including any attachments, are true, complete, and current. Wallaroo Hat Company LLC, is authorized to obtain personal credit history, company information and provide information to others about customer's credit.

*Name of person submitting this form: _____

*Title: _____

*Date: _____

When complete, **SAVE AS** a new file with your initials and the date added to the file name. Then email to info@wallarohats.com.