

# Arnev Products, Inc.

## Resale Application

Print out these 3 pages. After completing all  
information, mail or fax back to:

Arnev Products, Inc.  
N1530 Spring Glen  
Keshena, WI 54135  
715-799-3117 Fax

### Section I

#### Terms and Conditions

**Minimum Initial Order \$150.00**

**Minimum Reorder \$50.00**

**Terms: Prepaid or COD**

**Net 30 to businesses over 2 yrs. Old, after 2nd order and credit approval.**

### Section II

#### Instructions

1. A completed application is required for all potential resale locations, including those for new dealers, new store locations for established dealers, or catalogs.
2. Only applicants with permanent, "brick and mortar" locations will be considered. We are not considering web-only retailers at this time.
3. Applicants with multiple locations may submit a single application with address details for all requested locations. If not, each store type requires its own application. Further, each location will be considered separately.  
Payables: If separate checkbooks are used for each location's payables, note this on your application. We set up such locations as separate accounts.
4. Mail or fax completed applications to Arnev Products, Inc. • N1530 Spring Glen • Keshena, WI 54135
5. Allow 3 weeks for a reply (Response time may vary seasonally)
6. Incomplete applications will be returned.

### Section III

#### Business Information

All information supplied will be kept strictly confidential.

Date: \_\_\_\_\_ Billing Name: \_\_\_\_\_

Trade Name (dba, if applicable): \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Years At This Location: \_\_\_\_\_ Years Under Current Ownership: \_\_\_\_\_

## Section IV

### Contact Information

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ fax: \_\_\_\_\_  
Store Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ fax: \_\_\_\_\_  
Payables Contact: \_\_\_\_\_ phone: \_\_\_\_\_ fax: \_\_\_\_\_  
Shipping/Receiving Contact: \_\_\_\_\_ phone: \_\_\_\_\_ fax: \_\_\_\_\_  
E-mail address \_\_\_\_\_

### Address Information:

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

Warehouse Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resale #1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resale #2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If approval is being requested for more than 3 store locations, please attach detailed list.

## Section V

### Marketing Information

- |  |   |
|--|---|
| <input type="checkbox"/> Enclosed Mall         | <input type="checkbox"/> Resort/Tourist |
| <input type="checkbox"/> Strip Center          | <input type="checkbox"/> Rural          |
| <input type="checkbox"/> Downtown Street       | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Suburban Freestanding | Days/Hours of Operation: _____          |

### Class of Trade (check primary focus)

- |  |  |
|--|--|
| <input type="checkbox"/> General Gift                  | <input type="checkbox"/> Candle Store    |
| <input type="checkbox"/> Card/Gift                     | <input type="checkbox"/> Florist         |
| <input type="checkbox"/> Collectibles                  | <input type="checkbox"/> Home Furnishing |
| <input type="checkbox"/> Other (please describe) _____ |  |

What are your store's top 5 vendors? 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

## Section VI

### Credit Application

Please provide complete information.

Your Trade Name(s): \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Owner: \_\_\_\_\_

Buyer: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Resale #: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

1. Please submit a copy of your business resale certificate with this Credit Application\*.
2. Please list references from whom you regularly reorder in amounts of \$100 or greater, on net 30 terms. Personal, bank or COD references are insufficient to establish credit.
3. Some vendors require credit reference requests to be handled as indicated: by Telephone only, by Mail only, by FAX only.

\*Missing information may result in a delay in processing your application.

#### Trade References

Vendor	Complete Address	Phone number	FaxNo.	Account Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

# Arnev Products, Inc.

Switchplates

wholesale website

[www.arnev.com/wholesale](http://www.arnev.com/wholesale)

N1530 Spring Glen  
Keshena, WI 54135  
1-800-260-1181 Toll Free  
715-799-3117 Fax  
[arnev@frontiernet.net](mailto:arnev@frontiernet.net) E-mail