

New Account Application

Creatively Dyed Yarn
P.O. Box 1346, Greer, SC 29652
(864) 907-9191
wholesale@creativelydyed.net

Date Established: _____

Company Name: _____

D/B/A Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Web Site: _____

Accounts Payable Contact: Name: _____

Ph. #: _____

Type of Business:

Sole Proprietorship (requires Social Security # _____ & owner's date of birth: _____)

Corporation LLC Partnership (requires FEIN # _____)

Other [explain] _____

Owners, Partners or Officers of Company:

Name _____ Title _____ Home

Phone _____

Home

Address _____

City _____ State _____ Zip _____

Name _____ Title _____ Home

Phone _____

Home Address _____

City _____ State _____ Zip _____

Name _____ Title _____ Home

Phone _____

Home Address _____

City _____ State _____ Zip _____

Is your business / store a subsidiary of any corporation or other entity? yes no

If yes, list full name and address of

entity _____

New Wholesale Account Application

Return to: P.O. Box 1346

Greer, SC 29652

Phone: 864-907-9191

wholesale@creativelydyed.net

State sales and use tax laws require us to obtain a completed resale tax exempt certificate form and a copy of your tax license and business or occupational license.

Sales Tax License Holders Agreement

Company Name:

Business Name [dba]:

Mailing Address:

City: County: State: Zip:

Telephone: Fax:

Please check appropriate box:

Document Number State Expire Date

Sales Tax License

Resale Exemption Certificate

Professional License

I certify that the above Sales Tax License and/or Resale Exemption Certificate is valid for the state of _____, a photo copy is attached to this form. I/we will adhere to the sales and use tax requirements in the State, County, and Local District in which I do business. I further understand that I must collect and submit sales and/or use tax to the proper state and local authorities as required by the appropriate state and local laws, regulations, and ordinances. In the event my claim of exemption is disallowed, I will reimburse Yarns Forever, LLC dba Creatively Dyed Yarn for the amount the State, County, City or Local District may require Yarns Forever, LLC to pay on my behalf.

I declare that the information contained on this form is true and correct to the best of my knowledge.

Signature: _____ Title: _____

Date: _____

Please return all documents to the Yarns Forever, LLC dba Creatively Dyed Yarn

Return to: P.O.Box 1346 Greer, SC 29652

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