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**Thank you for your interest in establishing a wholesale account with Bell Industries Inc.**

We receive numerous requests wanting to purchase products at wholesale prices; therefore, in order to protect the integrity of our valued dealer base we have established the following parameters for opening new accounts.

- You must be either a franchised dealer or a service provider for the product group you want to purchase.
- You must have a storefront. The business must be located on property zoned commercial. The business cannot be located in your home even if your home is on property that is zoned commercial. Your business must be a full time business.
- You must have signage on the business that relates to the product group you want to purchase. If you are actually in the motorcycle salvage business then your sign should say Kevin's Motorcycle Salvage, not Kevin's Auto Salvage.
- Your business hours must be posted. All legitimate business post their business hours and are open when they say they are.
- You must have a business checking account.
- You must have a business phone number.

New accounts will be setup only after we receive a completed application and have verified all relevant information.

Catalog and price sheet will be issued after the account is setup. To **activate** your account, you must place an initial stocking order of \$1,000.00. To keep your account active, you must maintain a minimum of \$1,500.00 in annual purchases.

If your account is approved for "open" status the payment terms are Net 10 E.O.M. Invoices are due and payable by the 10<sup>th</sup> of the month following invoice date. Otherwise we accept Visa, Mastercard and C.O.D.

Please return the enclosed account application forms in the envelope provided. Please pay special attention to completing all sections of the form to insure timely turnaround for your request.

We thank you and look forward to supporting you in the growth of your business.

Please sign and return this form along with your application for wholesale account.

Signature \_\_\_\_\_

Name of business \_\_\_\_\_

FOR OFFICE USE ONLY

Date Rec'd. \_\_\_\_\_

References Sent \_\_\_\_\_

File Complete \_\_\_\_\_

**WHEN APPLYING FOR A WHOLESALE ACCOUNT, YOU MUST  
FILL IN COMPLETELY INCLUDING THE FOUR TRADE REFERENCES,  
YOUR BANK AND SALES TAX INFORMATION.**

Date \_\_\_\_\_

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

**Division/Subsidiary of**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

Bookkeeper's Name \_\_\_\_\_

**Company Federal I.D. #** \_\_\_\_\_

**Principle Owner's S.S. #** \_\_\_\_\_

[ ] Individual [ ] Partnership [ ]

] Corporation

Date Established \_\_\_\_\_

Building/Land [ ] Own [ ] Rent

Type of Account Requested [ ] Open [ ] COD

Credit Line Requested \$ \_\_\_\_\_

Type of Business: \_\_\_\_\_

**State Resale Exempt No. - See reverse side of this form.**

**BANK INFORMATION**

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

**TRADE REFERENCES**

**COMPANY NAME** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Acct. # \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Acct. # \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Acct. # \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Acct. # \_\_\_\_\_

By affixing their signatures below, the undersigned (or if a corporation, the authorized officer/agent) agrees that:

- 1) For the purpose of obtaining merchandise/equipment from Bell Industries, the foregoing statements in writing are accurate and made knowing that Bell Industries in relying upon same should credit be extended. It is further understood that the information as supplied is confidential and shall be regarded as continuous until another credit application is substituted for it and the firm listed agrees to inform Bell Industries of any material change in their financial status or ownership.
- 2) To pay when due all invoices from Bell Industries and all delinquent invoice interest at 1.5% per month on outstanding balance or the maximum lawful interest rate.
- 3) This agreement shall be construed as having been delivered in the State of Minnesota, shall be construed in accordance with the laws of Minnesota and the parties hereto agree that venue shall be in the State of Minnesota and, in event of litigation arising out of this agreement, Bell industries, Inc. shall be entitled to reasonable attorneys fees, costs and expenses incurred.

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

I/we hereby authorize you to release to Bell Industries, to whom credit applications has been made, all information requested pertaining to my/our Credit & Financial responsibility.

**PLEASE ATTACHE THE FOLLOWING AS CHECKED**

[-] Copy of latest Financial Statement

[-] Enclose photo of business

[-] Business License Number

Firm Name \_\_\_\_\_

By \_\_\_\_\_

Owner, Partner Authorized Officer (Only)

By \_\_\_\_\_

Owner, Partner, Authorized Officer (Only)

# UNIFORM SALES & USE TAX CERTIFICATE MULTIJURISDICTION

Issued to seller: **Bell Industries**  
 Address: **580 Yankee Doodle Road, Suite 1200**  
**Eagan, MN 55121**  
 Phone: **651-450-9020**  
 Fax: **651-450-0844**

From: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

I certify that:  
 Name of Firm (Buyer): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

is engaged as a registered:  
 Reseller:   
 Other:

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for resale. We are in the business of reselling the following:

Description of Business: \_\_\_\_\_

General Description of Products to be Purchased from the Seller: \_\_\_\_\_

## PLEASE FILL IN YOUR STATE TAX ID # NEXT TO YOUR STATE. THANK YOU.

State	State Registration or ID #	State	State Registration or ID #	State	State Registration or ID #
AL	_____	KY	_____	OH	_____
AZ	_____	LA	_____	OK	_____
AR	_____	ME	_____	PA	_____
CA	_____	MD	_____	RI	_____
CO	_____	MA	_____	SC	_____
CT	_____	MI	_____	SD	_____
DE	_____	MN	_____	TN	_____
DC	_____	MS	_____	TX	_____
FL	_____	MO	_____	UT	_____
GA	_____	NE	_____	VT	_____
HI	_____	NV	_____	VA	_____
ID	_____	NJ	_____	WA	_____
IL	_____	NM	_____	WV	_____
IN	_____	NY	_____	WI	_____
IA	_____	NC	_____	WY	_____
KS	_____	ND	_____		

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

**Please enter your State Registration or ID# in the blank space that corresponds to your state, and fax or mail to the above representative.**

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_