

**ORGANIZATION INFORMATION**

Legal Business Name	Primary Contact
State of Registration	Primary Contact Title
Phone Number	Primary Contact E-mail Address
Fax Number	Sales Tax Exemption # <i>*Only Necessary for Alabama Customers</i>
E-mail Address	Shipping Contact
Web Site	Business Type <i>(Corporation, 501(C)3, 501(C)4, etc...)</i>

**BILLING & SHIPPING INFORMATION**

BILLING ADDRESS	SHIPPING ADDRESS
Business Name <i>*If Different than Legal Business Name</i>	Business Name <i>*If Different than Legal Business Name</i>
Street Address <i>*Line #1</i>	Street Address <i>*Line #1</i>
Street Address <i>*Line #2</i>	Street Address <i>*Line #2</i>
City State Zip Code	City State Zip Code
Billing Contact <i>*Accounts Payable Person - Name, Phone, E-mail Address</i>	Shipping Contact

*\*We are only able to send packages to the actual physical (shipping) address of the organization. We are not able to send it to any other address, such as a residential address.*

**AGREEMENT**

1. Please allow up to 3 business days for the credit application to be processed.
2. Once a credit application has been approved, all orders must be remitted via an official purchase order from your organization. For faster processing, we strongly recommend submitting purchase order at the same time as credit application.
3. All invoices are due to be paid 30 days from the date of the invoice. We accept Checks, Visa/MC/Discover/Amex, Wire Transfer, and PayPal.
4. All returned payments are subject to a \$35.00 fee.
5. A finance charge of 1.5% per month will be charged for balances that are more than 15 days past due.
6. All purchases made from Wholesale Chess will be subject to the customer service policy published on our website, [wholesalechess.com/customer-service](http://wholesalechess.com/customer-service).
7. Faxed or email application is deemed to be original. No oral agreements or modifications will be accepted.

*Signature below is an acceptance of terms and conditions set forth in this agreement and certification that all information provided on this form is truthful and legally accurate.*

**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

Signature	Phone Number
Name and Title	Date Signed