

International Account Application



Great Value Stores

259, Quigley Blvd, STE 5 New Castle, DE 19720

Account Number:

Lead number:

Great Value Stores sells only to dealers who stock and sell products at the retail level. To establish an account with us, you must meet the following requirements:

- ☐ Operate a retail store in a business district or Web store.
- ☐ Open regular hours.
- ☐ Have a business phone.
- ☐ Stock merchandise for resale, not consumption.

Current Suppliers:

■
■
■

If yes to all of the above, please tell Great Value Stores about yourself so we can set up your account. Please check all that apply.

**STORE
PURCHASES:**

- ☐ Cardmaking
- ☐ Scrapbooking
- ☐ Stamping
- ☐ Yarn

- ☐ Needlepoint/
- ☐ Embroidery
- ☐ Cross Stitch
- ☐ Patchwork/Quilting

- ☐ Sewing/Haberdashery
- ☐ Fabric
- ☐ Ribbon & Lace
- ☐ Office/Stationary

- ☐ Crafts
- ☐ Kids Crafts
- ☐ Beads
- ☐ Other

- ☐ Paints
- ☐ Art Materials
- ☐ Gifts

Store size (sq. Meters)	Location	Annual retails sales	Number of employees	How did you hear about us? (Magazine, trade show, friend, website etc.)
<input type="checkbox"/> Less the 200	<input type="checkbox"/> Mall	<input type="checkbox"/> \$0 to \$100,000	<input type="checkbox"/> 1 to 5	
<input type="checkbox"/> 200-500	<input type="checkbox"/> Free standing	<input type="checkbox"/> \$100,000 to \$250,000	<input type="checkbox"/> 6 to 10	
<input type="checkbox"/> 500-1000	<input type="checkbox"/> Rural	<input type="checkbox"/> \$250,000 to \$500,000	<input type="checkbox"/> 11 to 25	
<input type="checkbox"/> 1000+	<input type="checkbox"/> Urban	<input type="checkbox"/> \$500,000 +	<input type="checkbox"/> 25+	
	<input type="checkbox"/> Others			

Store Name

Store Address

Shipping Address

Billing Address

Phone (_____) _____

Fax (_____) _____

Type of Business ☐ Sole Proprietor ☐ Partnership ☐ Corporation

Date Established ____/____/____

Email Address _____

☐ Credit Card

Credit Card ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card holder's name _____
Billing address _____
Credit card type | Exp. date _____
Last four digits of card# _____

☐ **Wire Transfer**

Card holder's name _____
Billing address _____
Credit card type | Exp. date _____
Card# _____

I hereby authorize use of the above listed credit card for the above listed store, effective until revoked by Cardholder.

Card holder's signature (must match name on the card) _____

Owners/officers:

Business owners name: _____

Home phone: () _____

Home Address: _____

City, postal code, Country: _____

Store manager/ director: _____

Buyer's name: _____

- Great Value Stores will extend account privileges to all qualified applicants without regard to sex, marital status, race, color, religion, national origin or age.
- For the sole purpose of obtaining business account, I/We state the information herein is true and correct.
- I/We agree that any purchases whether on credit or otherwise, will be governed by the terms and conditions of this credit application and purchase order terms are not valid.
- I/We will provide Great Value Stores with updated financial information at your request and you may suspend any credit you have given until you receive such information.
- Buyer agrees to pay any and all expenses we incur to collect their debt including, but not limited to, collection and actual legal fees and any suit filed may be done so in a Grand Rapids, Michigan court.
- Payments must be made in U.S. dollars and are to be sent to 243 Quigley Bpulevars Ste K, New Castle, DE 19720, USA in accordance with credit terms granted. I/We agree to pay 1½% per month time price differential on any account past due. All shipments are subject to credit approval. Payments not made in accordance with terms can result in cancellation or refusal to ship subsequent orders at the discretion of Great Value Stores.

☐ Buyer agrees to Terms and Conditions

☐ Check here to confirm that purchases are for re-sale.

Signature(s)

Date