

General Offices

14861 W 100 St
Lenexa, Ks 66215-1198
(913) 492-7100
(913) 492-6961

Operating Branches

Emporia - (316) 342-7121 Maryville - (660) 562-2040
Grandview - (816) 763-5000 Olathe - (913) 829-9090
Independence - (816) 373-5510 Topeka - (785) 234-6627
Junction City - (785) 238-3707 Kansas City - (816) 221-2220
Lawrence - (785) 841-5815 KC Midtown - (816) 531-4900
Leavenworth - (913) 727-9000 Lees Summit - (816) 246-1600
Lenexa - (913) 492-7100 Riverside - 816) 741-4660
Liberty - (816) 781-1204 St Joseph - (816) 232-5469
Manhattan - (785) 776-9271 Waldo - (816) 822-7900

NEW ACCOUNT APPLICATION

Circle the closest Reeves-Wiedeman Location to you. R-W Contact _____

Grandview - Junction City - KCMO-Downtown - Independence - KCMO-Midtown
KCMO-Waldo - Lees Summit - Riverside - St. Joseph - Maryville - Emporia - Lenexa
Lawrence - Manhattan - Topeka - Leavenworth - Olathe - Liberty

Company Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Owner _____

Phone # _____ Fax # _____

E-Mail: _____

Corporation Partnership Sole Owner (Circle One)

Years in Business _____ Soc.Sec. Or Fed I.D.# _____

Has this business, any other business that the owners, officers or partners have been involved with, or any of the owners, officers or partners individually filed for bankruptcy in the last 7 years? Yes _____ No _____

TYPE OF BUSINESS: _____

You will be charged sales tax unless you fill out the tax exempt certificate below:

I certify that my firm as identified within this new account application is registered with the below listed states and cities which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting.

City or State	State Registration or ID number	City or State	State Registration or ID number
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I further certify that if any property so purchased or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct 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. I swear or affirm that the information of this form is true and correct as to every material matter.

Authorized Signature (Owner, Partner or Corporate Officer)	Title	Date
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OWNERS/OFFICERS

NAME POSITION HOME ADDRESS CITY ST ZIP

1. _____

2. _____

3. _____

List other key individuals authorized to place orders.

NAME POSITION PHONE OR EXTENSION

1. _____

2. _____

3. _____

Shipping or Delivery Address _____

City _____ State _____ Zip _____

Bookkeeper _____ Bookkeeper Phone # _____

Anticipated monthly purchases? \$ _____

What credit limit is adequate for your buying needs? \$ _____

Do you require a Purchase Order # to be on your orders? Yes ___ No ___ Job Name? Yes ___ No ___

So you accept back orders? Always ___ Upon Request ___ Never ___

Do you accept substitutions? Always ___ Upon Request ___ Never ___

Do you want your delivery tickets priced? Always ___ Upon Request ___ Never ___

How many copies of our invoice would you like to receive? _____

Please describe any special billing requirements you may have below:
(For multiple bill to and/or ship to accounts)

INDIVIDUAL PERSONAL GUARANTEE

In consideration of extending credit at my request by completing this new account application, I hereby personally guarantee to you, Reeves-Wiedeman Co., 14861 W 100 St, Lenexa, KS, 66215, of any obligation and I hereby agree to bind myself to pay you on demand any sum which may become due to you by my firm whenever the firm shall fail to pay the same, plus any reasonable collection and attorney fees Reeves-Wiedeman company incurs in collection of the debt. It is understood that this guarantee shall be a continuing and irrevocable guarantee and modification or renewal of the credit agreement

AUTHORIZATION TO OBTAIN CREDIT INFORMATION & ACCEPTANCE OF TERMS

By your signature you hereby authorize and give permission to Reeves-Wiedeman Company to run a full investigation of your credit history, but not limited to, obtaining a consumer credit report. You also authorize Reeves-Wiedeman Company to contact the credit references listed and hereby give permission to those references listed to release information about your credit experience with them. I further understand and agree to pay with the Reeves-Wiedeman Company net 30 days credit terms and a 2% late charge per month on all past due invoices.

SIGNATURE MARRIED__ SINGLE__ SOC SEC NUMBER TITLE

SPOUSE'S SIGNATURE SOC SEC NUMBER

DATE

TRADE REFERENCES

INTERNAL USE ONLY

NAME:	FAX NUMBER:	H	CB	T
1. _____	1. _____	1. _____		
2. _____	2. _____	2. _____		
3. _____	3. _____	3. _____		
4. _____	4. _____	4. _____		

BANK: _____ ACCT.#: _____

PERSONAL REFERENCES:

List those you may know in our organization or the industry:

How did you learn about us? _____

How can we help you the most? _____