



# HEAVY COVER INC WHOLESALE APPLICATION

*\*Please return completed Sales Tax Exemption Certificate with this application to: info@HeavyCoverInc.com or Fax (480) 247-4645*

## COMPANY INFORMATION

Legal Company Name: _____	DBA: _____
Mailing Address: _____	Billing Phone: _____
City, State, Zip: _____	Fax Phone#: _____
Shipping Address: _____	Years in Business: _____
City, State, Zip: _____	Former Business Name(s): _____
Billing Contact: _____	Estimated Monthly Purchases: _____
Purchasing Contact: _____	

## COMPANY OWNERSHIP

SOLE PROPRIETORSHIP       LLC  
 PARTNERSHIP               CORPORATION (State) \_\_\_\_\_

Names of Officers, Partners, Owners:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

## PRIMARY CONTACT INFORMATION

Name: _____	Title: _____
Phone Number: _____	Email: _____

**Applicant's Signature** attests financial responsibility, ability and willingness to pay invoices on or before 30 days from invoice date. Balances not paid within terms are subject to the maximum interest allowed by Iowa law. In the event that legal action is used to enforce terms of this agreement, the prevailing party shall be entitled to receive from the other party reasonable attorney's fees incurred in the action, in addition to any other costs and relief that may be granted. Signature gives consent to court venue in Dickinson County, Iowa or other venue upon mutual agreement. Signature authorizes release of any information to Heavy Cover, Inc that they may request in the normal procedure of Financial and Credit Reference investigation.

Signature: _____	Title: _____	Date: _____
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HEAVY COVER, INC · PO BOX 84 · DULUTH · MN · 55801  
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www.HeavyCoverInc.com