

For ABC DISCOUNT, LLC Use only
New Customer ID Number:
(fill in after the new account has been created) Employee #
Received: DL □ Tax ID □Tobacco Permit □Completed Application □

Welcome to ABC DISCOUNT, LLC

In addition to the application (see next page), we will need copies of the following documents (as required by law):

- ✓ Your Driver's License
- ✓ Your State Resale Tax ID
- ✓ Your State Tobacco ID (if you plan on purchasing tobacco) (N/A to North Carolina buyers)

Submit your completed packet and required documents to Customer Service for processing either in person, by fax at 336-412-2801 or by e-mail at<u>msid@abcdiscountnc.com</u>! Thanks, and we look forward to meeting your needs.

Sincerely,

Manager

Payment Terms

All Accounts are on a Cash on Delivery or Pre-pay Basis, all <u>Credit Cards will be assessed a 2% Processing fee</u>, Debit Cards will have no fees, Only Business Certified checks allowed, All other checks will be processed with a 1.2% Processing Fee.

\$35 Fee for Returned Checks. It is the policy of this store, in accordance with the laws of North Carolina, to charge a handling fee of \$35 on each check returned to this firm by the bank.

Further, a bad check passer may be liable as a civil penalty for an amount three times the face value of the check, with a minimum of \$100, and a maximum of \$500, if the check is not made good within a specific period of time, additionally, the bad check passer can be assessed any bank service charges that were charged to the retailer.

Rules at ABC Discount, LLC (IMPORTANT!!)

- 1. **Please do not open any boxes or cases.** If you want to inspect product or look at samples, ask an ABC Discount Associate and they will do their best to help you.
- 2. **Ask questions.** If there is anything you want to find out more about, like if an item sells well, or if we have recommendations for your store, please ask and a Team Member will do their best to answer!!
- 3. **Order Placement:**If you are expecting a large order, you can Fax, Email, or Call it in before you arrive, this will save you time as an invoice and total will be prepared when you arrive. You may then come and see if there is anything else which you would like to add to the order.
 - a. Phone: 336-412-2800, Fax: 336-412-2801, Email: msid@abcdiscountnc.com
- 4. We Do MSA Reporting, Our MSA DID (Distributor Identification number) is 17002044
- 5. **All NC excise tax is paid,** All North Carolina Tobacco Excise tax is paid at a rate of 12.8% and is already included in our prices. All out of state buyers are responsible for their own OTP Taxes.
- 6. **Each location must have its own account,** if you have multiple stores they must all have their own account for reporting purposes, to make things easier for you, please send to us separate orders ahead of time and we can have them all ready for you.



Name of Purchaser, firm or agency as shown on p	permit			
×				
Business Street Address		Mailing Address (If Diff	erent)	
×				
City, State, Zip		Email Address		
×		×		
Sales and Use Tax License FEIN #				
××				
Owners Full Name (Is this you? ☐ Yes ☐ No	vners Full Name (Is this you? ☐ Yes ☐ No Drive		License State	
××	×			
Seller: ABC DISCOUNT, LLC Street Address: 1025 Gatewood Ave City, State, Zip: Greensboro, NC 274	!	e right to make a nor	-тахаые ригспазо	e (for resale of the taxable items described below o
Description of items to be purchas Consumer Package goods meant for				tobacco, etc.)
Description of the type of business × I am a: Retailer / Wholesaler		vity generally engaged	d in or type of iter	ns normally sold by the purchaser:
			·	n the geographical limits of the United States of America, its territorieng them for sale, lease or rental, I must pay sales tax on the items at the
I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the p the second degree.				

The undersigned certifies that the information provided is accurate and has thoroughly read the entire account application.

Page 2 of 3 Purchaser Signature	Title	Date
×	×	×



Individual Personal Guaranty,	, residing at
	, for and in consideration of extending credit, at my request to the
company, hereby personally guaranty to you t	the payment of any and all obligation of the company and hereby agree to
bind myself to pay to you any sum which may	become due to you by the company, whenever the company shall fail to $% \left(x\right) =\left(x\right) +\left(x\right$
pay the same. It is understood that my person	al guaranty shall be a continuing and irrevocable guaranty and indemnity
for such indemnity on behalf of the company.	I waive notice of default, non-payment and notice thereof and consent
any modification or renewal of the credit agre	ement and guaranty.
	UNT, LLC to charge interest on an outstanding balance over ten (10) days n (18% per annum) or the maximum interest rate permitted by law in such
transaction	
Applicants Signature:	
Title·	Date: