



Business Solutions Association
APPLICATION FOR WHOLESALER MEMBERSHIP

Organizations or individuals who are engaged in the manufacture, sale and distribution of business, art, and education products or services or organizations, trade associations, or individuals whose activities or specialized services support the Association's basic purposes, are eligible for membership in this Association.

COMPANY INFORMATION

Print or type information below. Fill in completely.

Firm Name: _____

Contact Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web site address: _____

KEY PERSONNEL

Name of authorized BSA representative: _____

Title: _____ E-mail: _____

Address _____

Name of first alternate: _____

Title: _____ E-mail: _____

Address _____

List the names and locations of any branch or affiliated firms: _____

List the names of manufacturers whose products your company carries:

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

List branches with warehouses, manager and address (use additional sheet if necessary):

Is your business exclusively wholesale? Yes No

If dual operation, are wholesale and retail divisions separate corporations? Yes No

Outside salespersons (number) _____ Inside salespersons (number) _____

Do you publish a catalog for the dealer? Yes No

Trade territory covered (list by state and foreign countries): _____

Approximate size of warehouse: _____

Briefly state the reasons for seeking membership in BSA: _____

Membership in any other trade and/or professional organizations: _____

DUES FOR WHOLESALERS

MEMBERSHIP DUES INVESTMENT SCHEDULE	
Sales Volume	Dues Amount
Under \$100 Million	\$750
Over \$100 Million	\$4,000

Dues are based on sales volume of previous year

YOUR DUES MAY BE DEDUCTIBLE AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE, AND ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.

I certify that the dues category specified on the reverse side accurately reflects my company's annual sales for the company's most recent taxable year. I agree, as a member of BSA, our company will abide by the Bylaws and Policies of the Association and will pay our annual association dues.

By (corporate officer or CPA):

(Signature)

(Print Name)

Title _____ Date _____

PAYMENT INFORMATION

Check (payable to BSA) Credit Card: Visa Mastercard American Express

Card#: _____ Exp. Date: _____ CVV: _____

Cardholder Name: _____ Signature: _____ Date: _____