Takoma Park Silver Spring Food Co-op Application for Business Membership

I hereby apply for a business membership in TPSS Co-op for my business. I agree to follow all TPSS policies and procedures as they apply to business membership and membership in general and that products purchased with my business membership card will be used only for my business. Failure to comply with these rules may result in termination of membership.

| THERE IS A \$200.00 BUSINESS MEMBERSHIP FEE, WHICH I AGREE TO PAY IN FULL. | | |
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| I am paying in full | | |
| | installments. The first payment is for \$105.00, which by and will be paid in Cash | |
| I understand and agree to t | he following: | |
| 1. As a business member, I am entitled to place special orders for items used in my business at a rate of 20% above cost. If it is an item TPSS does not carry there is a business rate of 30% above cost. | | |
| 2. For non-business related purchases, I will receive the regular member discount on special orders, which is 10% off the purchase price, and all other member benefits. | | |
| If I order a product TPSS does not carry on the shelf, full payment must be made at the time ordered. Products brought off the shelf are NOT subject to discounts. Only special orders qualify. The business membership card must be presented upon picking up the merchandise with no exception. Special Orders are to be placed by the case with the exception of the Wellness Department. Wellness Department does not place business special orders. Tax Exempt Status: (a) If a charity, a copy of the Charter tax exempt status is required. If a regular business, a copy of the Tax ID# is required. A copy of your sales tax exemption must accompany this application. | | |
| Business Name: | | |
| Business Address: | | |
| Nature of Business: | | |
| Applicant's Name: | | |
| Applicant's Address: | | |
| FEIN #: | # | of Cards: |
| Business Phone #: | D | Pate: |
| Annlicant's Signature | • | • |

Outreach Coor. Signature: