

Account # _____

Applying for: Net 30 \$ _____

COD Check Increase



Company Name: _____ Trade Name: _____
 Telephone: _____ Fax: _____ Bill-To Address: _____
 City, State, Zip: _____ Email: _____
 Website: _____

Owner/Officer Information

Name: _____ Title: _____
 Home Address: _____
 City, State, Zip: _____ Telephone: _____ Cell Phone: _____

Business Information:

Date Business Started: _____ # of Employees: _____ Primary Line of Business: _____
 Sales Tax# _____
 Check one: Sole Owner Partnership Corporation Other: _____ ASI # _____
 Accounts Payable Contact and Phone Number _____
 E-Invoicing: Yes No Email address for invoices _____

Bank Reference:

Bank Name _____ City/State _____ Checking Acct# _____ Loan # _____
 Telephone Number () _____ Fax number () _____

Trade References: Attach additional references if available. Please list wearable's when possible.

- | | | | |
|---------------|--------------|------------|----------------|
| 1) Name _____ | Phone# _____ | Fax# _____ | Account# _____ |
| 2) Name _____ | Phone# _____ | Fax# _____ | Account# _____ |
| 3) Name _____ | Phone# _____ | Fax# _____ | Account# _____ |
| 4) Name _____ | Phone# _____ | Fax# _____ | Account# _____ |

I hereby certify the above information to be true and accurate. This signature serves as authorization to receive necessary credit information. If requested, applicant agrees to provide additional financial information and / or authorization to obtain credit reports. Applicant agrees to pay all costs and expenses incurred by Augusta Sportswear® in collecting past due amounts owed, actual attorney's fees and return check fees.

Signature of Principal/Owner

Date