

ACCOUNT INFORMATION

Section "A" fill out completely

Date: _____

Full Legal Business Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Years at this address: _____ Date Established: _____

Previous address if less than 2 yrs:

Address: _____

Primary Product Service: _____

Type of Business

_____ Sole Proprietor

_____ Partnership

_____ Corporation/ Privately Held

_____ Corporation/Publicly Held

Contact: _____ Title: _____ E-Mail: _____

Telephone: _____ Fax: _____

If applying for NET or Company Check Terms, please fill out section "B"

Section "B" fill out completely if applying for terms

Credit Reference Sheet Attached: Yes _____ Terms Applying For: Net Terms _____ COD/Comp Ck _____

FID # _____

D & B # _____

Est. Monthly Purchases: _____

Credit Limit Requested: _____

Section "B" continued on next page

CONFIDENTIAL APPLICATION for CREDIT

Section "B" continued. Fill out completely if applying for terms

Complete List of Officers/Owners

Name	Address	City, State, Zip	Title	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Authorized Purchaser (s): _____

Accounts Payable Contact: _____ **Direct Phone Number:** _____

Bank References

Name of Institution: _____

Address: _____ City/State/Zip: _____

Phone: _____ Main Contact: _____ Account #: _____

All information is kept CONFIDENTIAL

Trade References

1. _____ 2. _____ 3. _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State/Zip _____ State/Zip _____ State/Zip _____

Phone _____ Phone _____ Phone _____

Fax _____ Fax _____ Fax _____

Acct # _____ Acct # _____ Acct # _____

We hereby certify the above to be correct & authorize TSF Sportswear, LLC to contact these references for release of any necessary information.

Owner/Officer Signature _____ Print Name _____ Home Phone _____ Date _____

Owner/Officer Signature _____ Print Name _____ Home Phone _____ Date _____

Section "C" for internal purposes to be filled out by sales rep or administrative personnel

New Account # _____

Program Requested _____ Insured Amt Requested _____