

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: _____ (must be in business one year for net 30) # of Employees: _____

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 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 correct. This signature serves as authorization to receive necessary credit information. Company 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