



NEW CHEER TEAM DEALER ACCOUNT APPLICATION

Bill to: _____ Ship to: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Fax #: _____ E-mail: _____

Exact Business Name (If Different from Above): _____

How Long in Business: _____ Federal Tax ID #: _____

Web Page: _____

Form of Business: Sole Proprietor Partnership Corporation (State:)
 Other (Please Specify) _____

Is this business exempt from being charged Sales Tax? No Yes
(If yes, please provide a copy of sales tax exemption certificate.)

Do you require a Purchase Order # before we accept an order? No Yes

Has this firm ever filed for bankruptcy? No Yes
(If yes, please attach an explanation.) Dunn & Bradstreet #: _____

LIST INFORMATION BELOW FOR ALL OWNERS AND/OR OFFICERS

NAME	TITLE	% OWNED	ADDRESS, CITY, STATE, ZIP & PHONE #

Credit References

Trade (1): _____ Acct. #: _____ Fax#: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

Trade (2): _____ Acct. #: _____ Fax#: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

Trade (3): _____ Acct. #: _____ Fax#: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

Company Officer, Owner and/or President's Signature

Title

Date

Signature is required, application will not be processed without it.