



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 # |
| | | | |
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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.