

# GYMNASTICS WHOLESALE AND RISK FREE ACCOUNT APPLICATION



What type of account are you applying for?    Wholesale    Risk Free    Both

**BILL TO:** \_\_\_\_\_ **SHIP TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DAYTIME PHONE #:** \_\_\_\_\_ **EVENING PHONE #:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**EXACT BUSINESS NAME (IF DIFFERENT THAN ABOVE):** \_\_\_\_\_

**HOW LONG IN BUSINESS:** \_\_\_\_\_ **FEDERAL TAX ID #:** \_\_\_\_\_

**TYPE OF BUSINESS:**    Gymnastics Pro Shop    Gymnastics Specialty Store    Gymnastics Team  
 Sporting Goods Store    Other (Please Specify) \_\_\_\_\_

**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.)

Amount of Credit Required: \_\_\_\_\_ 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  
*Signature is required, application will not be processed without it.*

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

1. Applicant represents and warrants that all information contained in this application, or appended hereto, is true and complete. I/we understand that credit may be extended in reliance upon the statements made in or figures supplied with this application, or upon statements or financial information which may from time to time be furnished to seller. This account is a commercial account not a retail credit account. Falsification of this information is grounds for termination of this open account.

2. I/We understand that Terms of Sale are as indicated on invoice, and invoices are past due thereafter. I/We agree to pay a time price differential or service charge of 1.5% per month - or such % as may hereafter be designated by seller - on all past due invoices (1.5% per month is equal to 18% per annum). If account warrants placement with a collection agency, I/we agree to pay any and all subsequent charges resulting from collection.

Please note that our terms for Wholesale Accounts are NET 15 and our terms for Risk Free accounts are NET 60 or NET 90. We ask that you keep your account current at all times. It is our policy not to ship to any past due accounts. Please pay on an invoice basis. Please contact our credit department if any problem arises concerning your account by calling 1.800.345.4087 or e-mailing customerservice@gkelite.com.