

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 from 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 (For Wholesale Only)

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.

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. 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.