

# NEW CUSTOMER CREDIT APPLICATION



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## COMPANY INFORMATION

LEGAL NAME OF COMPANY

TRADE NAME D/B/A

### BILLING ADDRESS

### SHIPPING ADDRESS (IF DIFFERENT THAN BILL TO)

ADDRESS				ADDRESS			
CITY				CITY			
STATE		ZIP CODE		STATE		ZIP CODE	

**IF PURCHASES ARE TAX EXEMPT; A COPY OF YOUR TAX EXEMPTION OR RESALE CERTIFICATE MUST BE INCLUDED WITH THIS FORM**

## CONTACT INFORMATION

### BILLING CONTACT/ACCOUNTS PAYABLE

### ORDER CONTACT

NAME				NAME			
TITLE				TITLE			
PHONE		FAX		PHONE		FAX	
EMAIL				EMAIL			
EMAIL ALL INVOICES AND MONTHLY STATEMENTS TO							

## TO BE CONSIDERED FOR NET 30 TERMS, PLEASE COMPLETE THE INFORMATION BELOW

NATURE OF BUSINESS						YEAR ESTABLISHED	
FEIN #			CORPORATION	PARTNERSHIP	SOLE PROPRIETOR	GOVERNMENT	OTHER
ARE PURCHASE ORDERS REQUIRED FOR ALL PURCHASES?			YES	NO	NOTES:		
ESTIMATED ANNUAL PURCHASES		\$	REQUESTED LINE OF CREDIT		\$		

## BANK INFORMATION

BANK NAME			CONTACT NAME		
ADDRESS			PHONE		
CITY/STATE/ZIP			EMAIL		

## TRADE REFERENCES

COMPANY NAME			CONTACT NAME		
ADDRESS			PHONE		
CITY/STATE/ZIP			EMAIL		
COMPANY NAME			CONTACT NAME		
ADDRESS			PHONE		
CITY/STATE/ZIP			EMAIL		

## AGREEMENT

- BY SUBMITTING THIS SIGNED APPLICATION, YOU AUTHORIZE KOLLEGE TOWN SPORTS, A DIVISION OF RIDDELL, TO CONTACT ABOVE TRADE REFERENCES
- CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN TEN BUSINESS DAYS OF THE INVOICE DATE

## AUTHORIZED REPRESENTATIVE

PRINT NAME	TITLE	SIGNATURE	DATE