

::: BAW Credit Application :::

Please Fill Out Both Sides Completely

Please Check One: COD Company Check Net 30

Date of Application _____ Credit Amount Requested \$ _____

ASI # _____ PPAI # _____ NNEP # _____

Registered Business Name _____

Phone (_____) _____ Fax (_____) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Shipping Address _____

City _____ State _____ Zip Code _____

Name of Subsidiary of Division _____

Corporation, State of _____ Date of Incorporation _____

Partnership

Proprietorship

Type of Business _____ Date Established _____

Have you ever had business failure? Yes No

If yes, when and under what name? _____

Names of Individuals, Owners, Partners, Officers

1. Name _____ Title _____

Home Address _____

City/State/Zip _____ Phone (_____) _____

Social Security # _____ Driver's License # _____

2. Name _____ Title _____

Home Address _____

City/State/Zip _____ Phone (_____) _____

Social Security # _____ Driver's License # _____

3. Name _____ Title _____

Home Address _____

City/State/Zip _____ Phone (_____) _____

Social Security # _____ Driver's License # _____

Buyer's Name _____

Accounts Payable Manager _____

Are purchase order required? Yes No

Federal Tax I.D. Number _____ Resale License Number _____

List Principal Trade References - Net or COD

Name	Account Number	Phone:
		Fax:
Address	City	State:
		Zip:

Name	Account Number	Phone:
		Fax:
Address	City	State:
		Zip:

Name	Account Number	Phone:
		Fax:
Address	City	State:
		Zip:

Name	Account Number	Phone:
		Fax:
Address	City	State:
		Zip:

Bank Information

Name	Account Number	Phone:
		Fax:
Address	City	State:
		Zip:

I authorize you to obtain such information as you may require concerning the statements made in this application and agree that the application, including the information furnished by me, are true and complete and are made for the purpose of obtaining credit. I further agree to submit such additional information concerning my financial status as you request. I also understand that there is a 2.0% late charge on past due accounts. It is understood and agreed that the undersigned will continue to be liable in the event of the sale of the business without complying with the bulk sales law. If there are any changes in the structure of my company, I will notify BAW Athletic Wear, LP. I have read and agree to the terms and conditions of this application.

PLEASE INCLUDE CURRENT FINANCIAL STATEMENT

Signature of Officer _____

Please Print Name _____



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