| TYPE OF ENTITY: [] Corporation Federal Tax ID # | CUSTOMER | CREDIT APPLICATION | |
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| 1901 Diplomat Dr. Dallas, TX, 75234 Credit Fax: 888-858-8337 Account BitLing INFORMATION: Scount MME: MITN Account Stilling INFORMATION: Scount MME: MITN Account Stilling INFORMATION: Scount MME: MITN Account Stilling Information: State Tax ID # IPP of Fertifier: IP Partnership State Tax ID # IPP of Fertifier: IP Partnership State Tax ID # IPP of Pertifier: IP Partnership State Tax ID # State Tax ID # IPP of Pertifier: IP Partnership State Tax ID # State Tax ID # State Tax ID # IPP of Pertifier and accounce for a state Tax ID # Carbon of #1 Recent Tax ID # State Tax ID # Carbon of #1 Recent Tax ID # Carbon of #1 Recent Tax ID # Carbon of #1 Recent Tax ID # Carbon of #1 < | | | |
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| CITY_STATE-ZP: | ADDRESS: | | |
| AREA CODE/PHONE: FAX # : EMAIL ADDRESS: TYPE OF ENTTY: Partnership | CITY/STATE/ZIP: | | |
| FAX #: EMAIL ADDRESS: TYPE OF ENTITY: [] Ordporation [] Pathneship State Tax ID # | | | |
| EMAIL ADDRESS: TYPE OF ENTTY: [] | | | |
| TYPE OF ENTITY: [] Corporation Federal Tax ID # | FAX #: | | |
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| Image: Control of the state Tax ID # List Buryne GROUP AFFLIATIONS: DO YOU REQUIRE PURCHASE ORDERS? YN | | Federal Tax ID # | |
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| Customer #: Complete the following information for authorized Purchasing personnel Company Officers and/or Owners NAME & TITLE HOME ADDRESS CITY, STATE, ZIP AREA CODE/PHONE (W) (H) AUTHORIZED FOR PURCHASE? (YES) (NO) EMAIL ADDRESS NAME & TITLE HOME ADDRESS CITY, STATE, ZIP AREA CODE/PHONE (W) (H) AUTHORIZED FOR PURCHASE? (YES) (NO) EMAIL ADDRESS NAME & TITLE HOME ADDRESS CITY, STATE, ZIP AREA CODE/PHONE (W) (H) AUTHORIZED FOR PURCHASE? MAME & TITLE HOME ADDRESS CITY, STATE, ZIP AREA CODE/PHONE (W) (H) | | | |
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| (YES) (NO) (YES) (NO) | | | |
| EMAIL ADDRESS EMAIL ADDRESS | | | |
| | | EMAIL ADDRESS | |

CUSTOMER INFORMATION SHEET (Page 2)

*TRADE/CREDIT REFERENCES (Must provide at least two references)

| NAME | CONTACT | ADDRESS | PHONE # |
|------|---------|---------|---------|
| *1) | | | |
| | | | |
| *2) | | | |
| | | | |
| 3) | | | |
| | | | |
| 4) | | | |
| | | | |

BANK REFERENCES:

| BANK NAME & ADDRESS | BANK PHONE # | |
|------------------------|------------------------------------|--|
| BANK NAME & ADDRESS | BANK PHONE # | |
| | BANK FAX # | |
| ACCOUNT(S) NUMBER(S) | LINE OF CREDIT LOAN [] YES [] NO | |
| | []YES []NO] | |
| | | |
| BANK OFFICER / CONTACT | CERTIFICATE OF DEPOSIT []YES []NO | |
| | | |
| | | |

D-U-N-S NUMBER

ARE FINANCIAL STATEMENTS AVAILABLE?

ANNUAL REVENUES: \$____

CONDITIONS FOR THE EXTENSION OF CREDIT

FOR THE PURPOSES OF OBTAINING AN EXTENSION OF CREDIT, I (WE) ("Applicant") STATE THAT ALL OF INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE PARTIES HEREBY AGREE THAT SERVICES ARE RENDERED SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

(1) All invoices are due and payable on Net 30-day terms. Payment of invoices shall be remitted to Sport Supply Group, PO Box 7726, Dallas, Texas 75209. A NSF charge of \$25.00 and a Handling Fee of \$25.00 shall be assessed for return checks.

- (2) If any collection action is undertaken, Sport Supply Group shall be entitled to recover a reasonable attorneys' fee, all attendant collection costs, all court costs, and all legal interest accrued on past due principal amounts.
- (3) Amounts past due are subject to 1.5% (or highest rate allowed by law) each month (18% per annum) until the balance is paid in full.
- (4) I (We) hereby authorize banks and creditors listed above to release information needed to establish our account.

| SIGNATURE | | SIGNATURE | | |
|---|----------------|--------------------|--|--|
| | | | | |
| PRINT NAME & TITLE | | PRINT NAME & TITLE | | |
| DATE: | | DATE: | | |
| FOR INTERNAL USE ONLY | | | | |
| CREDIT LIMIT I | DATE | | | |
| Approved Denied | PROCESSED BY _ | | | |
| Credit Manager | | | | |
| FOR FAST PROCESSING OF THIS INFORMATION, PLEASE FAX TO 800-866-5760 | | | | |