



CUSTOMER CREDIT APPLICATION

The Athletic Connection
 BSN Sports, Inc.
 1901 Diplomat Dr.
 Dallas, TX 75234
Credit Fax: 888-858-8337

Date _____

ACCOUNT BILLING INFORMATION:

ACCOUNT NAME:
ATTN:
ADDRESS:
CITY/STATE/ZIP:
AREA CODE/PHONE:
FAX #:
EMAIL ADDRESS:

PERSON TO CONTACT FOR QUESTIONS REGARDING THIS INFORMATION

ATTN:
AREA CODE/PHONE:

TYPE OF ENTITY:	<input type="checkbox"/> Corporation	Federal Tax ID # _____
	<input type="checkbox"/> Partnership	State Tax ID # _____
	<input type="checkbox"/> Proprietorship	

LIST BUYING GROUP AFFILIATIONS:
DO YOU REQUIRE PURCHASE ORDERS? Y _____ N _____

CREDIT LINE DESIRED \$ _____

FOR INTERNAL USE ONLY:
Salesman:
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?
(YES) _____ (NO) _____
EMAIL ADDRESS

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) _____ (NO) _____
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 FAX #	
ACCOUNT(S) NUMBER(S)	LINE OF CREDIT [] YES [] NO	LOAN [] 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 _____ **DATE** _____

_____ **Approved** _____ **Denied** **PROCESSED BY** _____

Credit Manager