

CREDIT APPLICATION



Federal Tax ID:	Resale/Seller Permit #:		D&B:		
Company:	Owner & Officer(s)				
Sole Proprietor:	LLC Partnership:	Partnership:	Corporation:	rporation:	
Billing Address:		City:	St:_	Zip:	
Accounts Payable Con	tact Name:	Telep	ohone:		
Shipping Address:		City:	St:	Zip:	
Telephone:	Fax:	E-Mail:			
Type of Business: Reta	ail Store Internet	Sporting G	oods		
Credit Limit \$:	How long at this posit	ion: If less than on	ie year, Employer:		
	Trade	References			
Name:					
Address:	(City:St:	Zip:		
Phone:	Fax:C	Contact:			
Name:		_Account#			
Address:		City:	_St:Zip:		
Phone:	Fax:	Contact:			
Name:		Account#			
Address:		City:	_St:Zip:		
Phone:	Fax:	Contact:			
Name:		Account#			
Address:	Fax:	City:	_St:Zip:		
		Contact:			
Bank Keterence:		Bank:			
Address:		_City:St:	Zip:		
Number:		Phone:			

I hereby authorize Backforty Inc and its subsidiary companies to contact the firms and banking institutions I have listed and to obtain credit information from them, as well as through a credit bureau or similar organizations to evaluate my credit worthiness. I agree that Backforty Inc shall not be liable for any claim as a result of this information by such outside references or other credit information sources. I acknowledge that Backforty Inc Terms are Net 30, and are due and payable from the date of invoice in U.S. dollars. And if an open account is granted, I agree to comply with these terms. If for any reason I do not pay on the specified date, I agree to pay 2% interest as specified on Backforty Inc statements. In the event of legal action for services and merchandise purchased under this application, I agree to pay all reasonable attorney and court fees and cost of collections. In consideration of having credit extended to the above company or individual, I the undersigned, as an individual, personally guarantee this account, should the business or corporation fail to pay the debt. Backforty Inc. In may request new information at anytime.