



Champion



NEW ACCOUNT APPLICATION

Setup for GEAR _____ CCP _____ Both _____

The following Customer hereby applies for Credit from GFSI and/or its subsidiaries and agrees and represents as follows:

Bill To Name: _____ Ship To: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

County: _____ Zip+4: _____ County: _____ Zip+4: _____

Accounts Payable Contact: _____ Email Invoices to: _____

Telephone: _____ Fax: _____ Email: _____

Purchasing Agent Contact: _____ Email Order Acknowledgements to: _____

Telephone: _____ Fax: _____ Email: _____

Years in Business: _____ Request Credit Limit: _____ Sales Rep Name: _____

Check the following that applies: Partnership _____ Proprietorship _____ Corporation _____ Private _____ Public _____ Franchised _____ LLC _____

Bank: _____ Account Number: _____

Bank Contact: _____ Bank Phone: _____ Bank Email Address: _____

Please provide two active trade references:

Name	Account Number	Email Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Sales Tax: _____ Taxable _____ Exempt If exempt, complete attached tax form and/or attach exemption certificate for each state shipped to.
IMPORTANT: Please enclose a copy of your latest financial statement to assist in our review.

Terms and Conditions

Promise to Pay: You will receive an invoice for each purchase you make using your Account. You agree to pay the entire amount of each purchase order according to the terms of the billing invoice by the Payment Due Date as stated on the invoice. If a dispute arises you will not withhold payment. Instead, you will withhold the disputed portion of the balance; the remaining undisputed balance will be remitted when the invoice comes due. **Terms:** An open account of net 30 days is not guaranteed by the receipt of this application. If open account is approved, invoices are due 30 days from the invoice date. **Change your address:** You must notify us of this change within 10 working days by mail to GFSI LLC, 9700 Commerce Parkway, Lenexa, KS 66219. ATTN: Credit Department or email to newaccts@unrivaleteamwear.com. If there is change of ownership or control of the company, you agree to notify us within 10 working days by overnight letter or by registered letter. We will not accept any form of payment which contains any limitations or conditions on payment such as short paid checks noted as representing payment in full of a disputed balance. **Line of credit:** Your line of credit may increase or decrease from time to time. Such changes will be made at the sole discretion GFSI LLC. and its subsidiaries CC Products LLC. and Event 1 LLC. (collectively GFSI) and no advanced notification is promised or implied. **If your account is past due:** Orders may be held at GFSI sole discretion. **Collection related issues:** If GFSI must refer your delinquent account to an attorney, you agree to pay all reasonable attorney fees, court costs and other collection costs in connection with GFSI collection efforts. **Returned Check Charges:** A \$25 charge will be assessed on returned checks, which agree to pay. **Privacy:** By signing this Application you agree to allow GFSI to verify your credit references and bank references and instruct these references to provide reasonable assistance and information to GFSI. You agree that any person signing this application on your behalf has the actual authority to do so and to bind you to the terms and conditions listed. **RETURN POLICY: Plain Goods Returns:** All returns of plain goods are subject to a restocking fee up to 20%. No returns for plain goods will be accepted past 30 days of receipt. All returns must have a Return Authorization issued by the Credit Services Department. Any items returned to GFSI not authorized by a return authorization will be forfeited to GFSI. Sample must be obtained for defective merchandise that exceeds \$700. **Decorated Goods Returns:** Returns and discounts will be allowed only for defective goods. Notification of returns must be made within 60 days of receipt. All returns must have a "Return Authorization" issued by the Credit Services Department. Any items returned to GFSI not authorized by a return authorization will be forfeited to GFSI. Sample must be obtained for defective merchandise that exceeds \$700. Please contact the Credit Services Department for authorization of all discounts and returns at RMA@unrivaleteamwear.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS:

(Print Name of Business) _____

Print or type name of Principal or Officer _____ Title _____ Signature for Company _____ Date _____

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller (California)

☐ Lessor (see notes on pages 2–4)

☐ Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL		MO	
AR		NE	
AZ		NV	
CA		NJ	
CO		NM	
CT		NC	
DC		ND	
FL		OH	
GA		OK	
HI		PA	
ID		RI	
IL		SC	
IA		SD	
KS		TN	
KY		TX	
ME		UT	
MD		VT	
MI		WA	
MN		WI	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature _____

(Owner, Partner or Corporate Officer or other authorized signer)

Title _____

Date _____