



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: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please provide two active trade references:

Table with 4 columns: Name, Account Number, Email Address, Phone. Rows 1 and 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@hanes.com. If there is a 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 (toll free) 1-877-442-4377 Central Standard Time or Email to RMA@hanes.com.

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 Purchaser	ID Number of	State	State Registration, Seller's Permit, or Purchaser	ID Number of
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 \_\_\_\_\_