



WHOLESALE ACCOUNT APPLICATION

Please fill out this application in its entirety to be considered for a wholesale account with Body Check Apparel and email, fax or mail it to us. A representative will be in contact with you upon review and validation of your information.

BUSINESS NAME _____ TYPE OF BUSINESS _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____ FAX: () _____

EMAIL _____

OWNER NAME _____ MAIN CONTACT _____

YEARS IN BUSINESS _____ NUMBER OF EMPLOYEES _____ INTENDED USE OF OUR PRODUCT _____

SALES TAX ID _____ RESELLERS ID _____

DO YOU USE PURCHASE ORDERS? YES ___ NO ___ HOW DID YOU HEAR ABOUT US _____

BANKING INFORMATION:

BANK NAME: _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE: () _____ YEARS AS CUSTOMER _____

TRADE REFERENCES (REQUIRED)

1. NAME: _____ TYPE OF BUSINESS _____

PHONE: _____ PAYMENT TERMS: _____

2. NAME: _____ TYPE OF BUSINESS _____

PHONE: _____ PAYMENT TERMS: _____

**NET TERMS ARE ONLY GRANTED TO COMPANIES WHO MEET MONTHLY ORDER TOTALS AFTER 1ST YEAR AND WHOSE ACCOUNTS ARE WITHIN GOOD STANDINGS. ALL OTHER WHOLESALE ACCOUNTS REQUIRE 50% PAYMENT TOTAL DUE UPFRONT AND FINAL PAYMENTS ARE DUE UPON DELIVERY.*

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