



BUSINESS INFORMATION

Company Legal Name: _____

DBA Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Billing Address: (If different than above) _____

City: _____ Province: _____ Postal Code: _____

Phone: () Fax: () E-mail: _____

Tax ID # _____ Are Products for Resale? Yes No

Company Principal: _____ Phone: () _____

CREDIT FACILITY (Complete A or B)

A	Credit Card No.	Exp.Date	CVN #
	Cardholder Name		
B	Credit Amount Requested: \$	Terms Requested:	
	Year Business Started:	Annual Sales:	
	Purchasing Contact:	Accounts Payable Contact:	
	BANK REFERENCES		
	Bank Name:	Account #:	
	Branch Address:		
	Contact Name:	Phone: ()	
	TRADE REFERENCES		
	Vendor Name:	Account #	
	Contact Name:	Phone: ()	
Vendor Name:	Account #		
Contact Name:	Phone: ()		
Vendor Name:	Account #		
Contact Name:	Phone: ()		

The above information is current and correct. Avanti Sports Group is free to contact the references listed above in order to establish the credit worthiness of the undersigned. In consideration for any extensions of credit, purchaser agrees to the terms and to the conditions of sale shown on each invoice. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection. If payment by credit card is selected above, the customer agrees to be bound by the terms and conditions of the card issuer and authorizes Avanti Sports Group to charge all outstanding amounts to the credit card.

Print Name Signature Title Date