



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: () _____

Year Business Started: _____ Annual Sales: _____

Purchasing Contact: _____

CREDIT FACILITY (Complete A or B)

A	Credit Card No. _____	Exp.Date _____	CVN # _____
	Cardholder Name _____		
B	Credit Amount Requested: \$ _____	Terms Requested: _____	
	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 under-signed. 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