



CUSTOMER CREDIT APPLICATION

Date _____

Credit Fax: 800-859-8149

Credit email: creditapps@bsnsports.com

ACCOUNT BILLING INFORMATION:

ACCOUNTNAME
ATTN:
ADDRESS:
CITY/STATE/ZIP:
AREA CODE/PHONE
FAX#:
EMAILADDRESS:

PERSON TO CONTACT FOR QUESTIONS REGARDING THIS INFORMATION

ATTN:
AREA CODE/PHONE

TYPE OF ENTITY:	<input type="checkbox"/> Corporation	Federal Tax ID # _____
	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Proprietorship	State Tax ID # _____
LIST BUYING GROUP AFFILIATIONS:		
WHAT TYPE OF PURCHASING DOCUMENTATION DO YOU REQUIRE:	<input type="checkbox"/> PURCHASE ORDERS	<input type="checkbox"/> LETTER OF AUTHORIZATIONS
	<input type="checkbox"/> SIGN OFFS FROM AUTHORIZED SIGNERS	<input type="checkbox"/> OTHER _____
CREDIT TERMS OR INCREASE () YES () NO	UPDATE INFO () YES () NO	PREPAY () YES () NO

CREDIT LINE DESIRED \$ _____

FOR INTERNAL USE ONLY:

Salesman:

Customer#:

Collector#:

Company Officers and/or Owners

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) <input type="radio"/> (NO) <input type="radio"/>
EMAIL ADDRESS

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) <input type="radio"/> (NO) <input type="radio"/>
EMAIL ADDRESS

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) <input type="radio"/> (NO) <input type="radio"/>
EMAIL ADDRESS

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) <input type="radio"/> (NO) <input type="radio"/>
EMAIL ADDRESS

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*TRADE/ CREDIT REFERENCES (Must provide at least two references)

NAME	CONTACT	ADDRESS	PHONE #
*1)			
*2)			
3)			
4)			

BANK REFERENCES:

BANK NAME & ADDRESS	BANK PHONE #	
	BANK FAX #	
ACCOUNT(S) NUMBER(S)	LINE OF CREDIT YES <input type="radio"/> NO <input type="radio"/>	LOAN <input type="radio"/> YES <input type="radio"/> NO
BANK OFFICER / CONTACT	CERTIFICATE OF DEPOSIT <input type="radio"/> YES <input type="radio"/> NO	

D-U-N-S NUMBER _____ ARE FINANCIAL STATEMENTS AVAILABLE? _____ ANNUAL REVENUES: \$ _____

CONDITIONS FOR THE EXTENSION OF CREDIT

FOR THE PURPOSES OF OBTAINING AN EXTENSION OF CREDIT, I (WE) ("Applicant") STATE THAT ALL OF INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE PARTIES HEREBY AGREE THAT SERVICES ARE RENDERED SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

- 1) All invoices are due and payable on Net 30-day terms. Payment of invoices shall be remitted to BSN Sports dba US Games-League Direct, PO Box 660176, Dallas, Texas 75266-0176. A NSF charge of \$25.00 and a Handling Fee of \$25.00 shall be assessed for return checks.
- 2) If any collection action is undertaken, BSN Sports dba US Games-League Direct, shall be entitled to recover a reasonable attorneys' fee, all attendant collection costs, all court costs, and all legal interest accrued on past due principal amounts.
- 3) Amounts past due are subject to 1.5% (or highest rate allowed by law) each month (18% per annum) until the balance is paid in full.
- 4) I (We) hereby authorize banks and creditors listed above to release information needed to establish our account.

SIGNATURE	SIGNATURE
PRINT NAME & TITLE	PRINT NAME & TITLE
DATE	DATE

FOR INTERNAL USE ONLY

CREDIT LIMIT _____ DATE _____

_____ Approved _____ Denied PROCESSED BY _____

Credit Manager

**PLEASE ALLOW 7-10 BUSINESS DAYS TO PROCESS INFORMATION FOR TERMS OR CREDIT
LIMIT INCREASE**