

THINC ACTIONWEAR

4611 SE 26TH AVE • PORTLAND, OR 97202
Phone: (503) 251-6900 Fax: (503) 251-1516
WWW.THINCACTIONWEAR.COM

Applying For: _____ COD Company Check
_____ Receipt of Goods
_____ Net 15 Days
_____ Net 30 Days

WHOLESALE CUSTOMER APPLICATION

TO AVOID DELAY IN PROCESSING, COMPLETE IN FULL. ALL INFORMATION IS CONFIDENTIAL.

PLEASE ENCLOSE FINANCIAL STATEMENT

BUSINESS NAME _____ PHONE _____
STREET ADDRESS _____ FAX _____
CITY _____ STATE _____ ZIP CODE _____ TAX ID # _____

BILLING ADDRESS (IF DIFFERENT) _____
CITY _____ STATE _____ ZIP CODE _____

TYPE OF BUSINESS _____ ASI # _____
DATE ESTABLISHED _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL OWNER _____
CURRENT OWNERSHIP SINCE _____ OTHER BUSINESS NAMES (DBA) _____

PLEASE LIST NAMES OF OFFICERS OR PARTNERS

1. _____ POSITION HELD _____ S.S.# _____
2. _____ POSITION HELD _____ S.S.# _____
3. _____ POSITION HELD _____ S.S.# _____

IF INDIVIDUAL OWNER, OWNER'S NAME _____
S.S. # _____ DATE OF BIRTH _____
HOME ADDRESS _____ PHONE _____

BANK CONTACT PERSON _____ PHONE _____
BANK REFERENCE _____ ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
REGULAR CHECKING ACCT # _____ SAVINGS ACCT # _____

TRADE REFERENCES

1. NAME _____ ADDRESS _____
CITY / STATE _____ ZIP _____ PHONE _____ ACCT # _____

2. NAME _____ ADDRESS _____
CITY / STATE _____ ZIP _____ PHONE _____ ACCT # _____

3. NAME _____ ADDRESS _____
CITY / STATE _____ ZIP _____ PHONE _____ ACCT # _____

PLEASE NOTE: If net 30 day terms are extended, we understand that all invoices must be paid within the 30 days granted. Failure to pay within terms will result in suspension of terms until all past due invoices are paid.

PERSONAL GUARANTEE: In consideration for THINC ACTIONWEAR, INC., accepting checks or extending credit to the above applicant, the undersigned hereby personally guarantees the prompt payment of any sums due to THINC ACTIONWEAR, INC., brought forth either by the applicant or by any of its agents. This guarantee shall continue in force until notice in writing is sent to THINC ACTIONWEAR, INC. Said notice is to specify the date on which the guarantee is to be terminated. Your signature below also authorizes your bank to release information.

SIGNED _____ NAME _____ DATE _____