

Levelwear Inc. 2299 Kenmore Ave. Buffalo, NY 14207

College Corporate Distributor Golf

Off Course Retail

Tennis and Athletic Club

Private Label

Corporate Resort

Toll free Fax: 1866 606-0900 Toll free Phone: 1866 423-5071 Telephone: 416 465-7211

416 465-4571

U.S. Credit Application

Date Received:

For office use

This is a fillable form. Complete this form or submit a generic form containing the same information. RESET FORM **Company Information** Legal Name of Business: Trade Name of Business: If different from Legal Name of Business State Registered in: Corporation Partnership Proprietorship If new business, additional information may be required. Years in Business: Company Officers: Name: Name: Title: Title: Accounts Payable Contact: Name: Phone: ext: Email: Federal Tax I.D.# Please attach Sales Tax Exemption Certificate __ Avg. Month Purchases: \$_____ Season High: \$ Credit Request: \$ _ **Billing Address** Street: Suite #:_____ City:______ State: _____ Zip:_____ email: Telephone: Shipping Address (same as billing) Suite #:_____ City:______ State: _____ Zip:_____ Street: Telephone: email: **Bank Information** Name of Bank: Street: Suite #: ____ City: ____ State: ____ Zip: ____ Account: Account: Contact: Fax: email: Telephone: TRADE REFERENCES: Please list three major suppliers. *Note: Please do not list: Acushnet, Adidas, Callaway, Nike and TaylorMade as our experience shows they do not reply to credit information requests. Reference 1 Contact: Name: Suite #: City: State: Zip: Street: Telephone: email: Reference 2 Contact:_____ Name: Suite #: City: State: Zip: Street: _____email:___ Telephone: Reference 3 Contact:_____ Name: Suite #:_____ City:____ State: Zip:_____ Street: Fax: email: Telephone: • We authorize the obtaining/release of credit information. • We authorize to receive future communications by e-mail. Personal guarantee: I, the undersigned, ______, hereby jointly and severally guarantee the payment and discharge of all obligations and liabilities, present and future of the purchaser to Levelwear =bW Form completed by: Signature: Title: ______ Date: ____

Sales Representative: