

Ultimate Sports Co., Inc.
Credit Application
Fax 1-303-545-5404

Company Name _____ Business Phone _____

Address: _____ Business Fax _____

P.O. Box# (If applicable) _____ Email _____

City: _____ State _____ Zip Code _____

Ship To (If Different) _____

Type of Organization: Corporation ___ Partnership ___ Individual Proprietorship ___

If Incorporated, In Which State? ___ State Resale Tax# _____ # of Years in Business _____

Annual Sales _____ Amount Credit Requested _____

Previous Business Name (If Any) _____

Principal Owners/Officers	Address & Phone	Social Security #
_____	_____	_____
_____	_____	_____

Purchasing Contact _____ A/P Contact _____

Trade Reference:

1. FirmName: _____ Acct.# _____
Address: _____ Phone# _____
City, State, Zip: _____ Contact _____
2. FirmName: _____ Acct.# _____
Address: _____ Phone# _____
City, State, Zip: _____ Contact _____

Principal Bank _____ Acct.# _____

Branch _____ Phone# _____

City, State, Zip _____ Contact _____

I/We understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I/We further understand and agree that all accounts or monies due The Ultimate Sports Co. shall be paid in accordance with the Credit Terms stated and agree to pay all reasonable cost of collection. In addition to any court cost and/or attorney fees. I/We do hereby guarantee payment as individuals, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms and conditions.

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____