

Please sign the bottom of page 2 and fax back with your credit info sheet or fill out both sides and fax completed form to **800.884.8577**.

Customer # _____ Please Check One: COD Company Check COD One Tag Net 30

Date of Application _____ Credit Line Requested _____

ASI # _____ PPAI# _____

Registered Business Name _____

Name of Subsidiary or Division (if applicable) _____

Phone () _____ Fax () _____

Mailing Address _____

City _____ State _____ Zip _____

Street or Ship to Address _____

City _____ State _____ Zip _____

Email _____

Structure of Business: Corporation Partnership Proprietorship

Date Established _____

Corporation, State of _____ Date of Incorporation _____

Resale # _____

What is your primary line of business?

- Screenprinter (Exclusively) Embroiderer (Exclusively) Embroiderer/Screenprinter
 Uniform Dealer Promo Products Dist. (Exclusively) Sporting Goods Dealer
 Promo Products Dist./Embroiderer Other _____

Names of Individuals, Owners, Partners, Officers

1. Name _____ Title _____

Home Address _____

City, State, Zip _____

Phone () _____ Social Security Number _____

2. Name _____ Title _____

Home Address _____

City, State, Zip _____

Phone () _____ Social Security Number _____

Buyers Name _____

Accounts Payable Manager _____

Are purchase orders required? Yes No

Please fax form to **800.884.8577**. SanMar PO Box 529, Preston, WA 98050

List Principal Trade References - Net or COD (or attach your Reference Sheet)

Name	Account Number	Phone
		Fax
Address	City	State
		Zip

Name	Account Number	Phone
		Fax
Address	City	State
		Zip

Name	Account Number	Phone
		Fax
Address	City	State
		Zip

Name	Account Number	Phone
		Fax
Address	City	State
		Zip

Bank Information Federal ID # _____

Name	Account Number	Phone
		Fax
Address	City	State
		Zip

Authorization for Release of Bank Information:

To whom it may concern,
 This authorizes you to provide SanMar with information they request regarding the status of customers account.
 I authorize you to obtain such information as you may require concerning the statements made in this application and agree that the application, including the information furnished by me, are true and complete and are made for the purpose of obtaining credit. I further agree to submit such additional information concerning my financial status as you request. I also understand that there is a 1.5% late charge on past due accounts. It is understood and agreed that the undersigned will continue to be liable in the event of the sale of the business without complying with the bulk sales law. If there are any changes in the structure of my company, I will notify SanMar. I have read and agree to the terms and conditions of this application.

Terms and Conditions of Credit Sale:

Customer agrees to pay any/all costs of collection due to the failure to pay in accordance with the terms of the invoice including service of process fees, costs of suit, and reasonable attorneys' fees.

Signature of Officer or Principal _____

Please Print Name _____

Date _____