



Customer Information Form

Credit cannot be extended until this form is completed, agreed upon, and signed by the person responsible for payment. Please fax this from to **Denise @ 816-379-4096**. Thank you!

Company Information

Business/Trade Name: _____ Date: ____/____/____
Address: _____ City, St. _____
Phone: (____) _____ Fax: (____) _____
Approx. Annual Sales: _____ Credit Line Requested: _____
Accounts Payable Contact: _____ E-Mail Address: _____
Owner Name: _____ Title: _____
Address: _____
Phone: (____) _____ % Ownership: _____

Bank Reference

Name: _____ Officer: _____
Branch: _____ Address: _____
Phone/Ext: (____) _____ ext: _____ Fax: (____) _____
Account #: _____

Trade References

1. Company: _____ Contact/Title: _____
Address: _____
Phone: (____) _____ Fax: (____) _____
2. Company: _____ Contact/Title: _____
Address: _____
Phone: (____) _____ Fax: (____) _____
3. Company: _____ Contact/Title: _____
Address: _____
Phone: (____) _____ Fax: (____) _____

Authorized signature: _____ Date: _____

Approved by: _____ Date: _____

Agreement for credit and payment terms: By entering into this agreement, the payment terms you agree to are:

- Net amount due fifteen (15) days following delivery
- Invoices unpaid 31 days after invoice date are subject to a service charge of 1.5% per month.
Equivalent interest rate per annum is 18%.

Thank you for your business. It is our privilege to serve you.

■ Your Global Resource for Innovative Wear Solutions ■

2845 Heartland Drive ■ Liberty, MO 64068 ■ 816 587-1923 ■ Fax: 816 587-2055



_____ has applied for a credit account with **Wear-Concepts, Inc.** I authorize investigation of our credit information.

You and all persons, agencies, agents, employees, firms, companies or parties affiliated with you are released from any damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of our release for your files.

Signature/ Title _____ Date: ___/___/___

Print Name: _____

Address: _____

City, State, Zip: _____

Ph: (_____) _____