

Wear-Concepts, Inc Customer Information Form

Credit cannot be extended until this form is completed, agreed upon, and signed by the person responsible for payment. Please fax Information to 816 587-2055

Date of Application: _____	Business Trade Name: _____
Business/Trade Address: _____	Telephone Number: _____
Fax #: _____	
Accounts Payable Contact: _____	Title: _____ Telephone Number: _____
Approximate Annual Sales: _____	Credit Line Requested: _____

OWNER

Name: _____ Title: _____
Address: _____
% Ownership _____ Telephone#: _____ Fax#: _____

OWNER

Name: _____ Title: _____
Address: _____
% Ownership _____ Telephone#: _____ Fax#: _____

TRADE REFERENCE:

Contact: _____ Title: _____
Company Name: _____
Address: _____ Telephone#: _____

TRADE REFERENCE:

Contact: _____ Title: _____
Company Name: _____
Address: _____ Telephone#: _____

BANK REFERENCE:

Bank: _____ Office: _____ Acct Number: _____
Address: _____
Officer: _____ Title: _____ Extension: _____

AGREEMENT FOR CREDIT AND PAYMENT TERMS: The payment Terms offered, and that you agree to by entering into this agreement are:

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

We ask for your courtesy and respect for the many community members that our business provides for, by giving us prompt payment, so we can continue to pay our employees for their service to you.

Thank you for your business. We appreciate it.

AUTHORIZED SIGNATURE: _____ DATE: _____

APPROVED BY: _____

**Dennis Todd, President
Wear-Concepts, Inc**