

WHITE MOUNTAIN TRADERS

CREDIT APPLICATION

E-MAIL TO: info@whitemountaintraders.com

FAX TO: 603-889-3126

Date of Application _____ Credit Amount Requested _____

ASI# _____ PPAI# _____

D.B.A.(If Applicable) _____

Phone (_____) _____ Fax(_____) _____

Mailing Address _____

City _____ State _____ Zip _____

Street or Ship to Address _____

City _____ State _____ Zip _____

Structure of Business _____ Corporation _____ Partnership _____ Proprietorship

Date Established _____

Corporation, State of _____ Date of Incorporation _____

What is your Primary line of business?

_____ Screenprinter _____ Embroiderer _____ Uniform Dealer

_____ Promotional Prod Dist. _____ Sporting Goods Dealer _____ 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 _____

Buyer Name _____

Accounts Payable Manager _____ Phone _____

List Principal Trade References

1. Company _____ Account Number _____
Phone _____ Fax _____

2. Company _____ Account Number _____
Phone _____ Fax _____

Bank Information

Name _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Authorization for Release of Bank Information:

To Whom It May Concern:

This authorizes you to provide White Mountain Traders with information they request regarding the status of the customer's account.

Signature – Authorized Signer on

Account _____ Dated _____

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 is requested. 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 scale of the business without complying with the bulk sales law. If there are

any changes in the structure of my company, I will notify White Mountain Traders. I have read and Agree to the terms and conditions of this application.

Signature of Officer of Principal_____

Please Print Name _____

Date_____