

# Confidential Credit Application

The Ultimate Performance Sock!



Company Name: \_\_\_\_\_

Trade Name (dba): \_\_\_\_\_ Bill ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Business Was Established: \_\_\_\_\_ Number of Outlets: \_\_\_\_\_

Business Type:  Corporation  Partnership  Proprietorship  Municipal/Government Facility

## List of Owners/Officers

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Primary Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Year Account Established: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## trade references

Vendor Name: \_\_\_\_\_ Year Account Established: \_\_\_\_\_

Account #: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Year Account Established: \_\_\_\_\_

Account #: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Year Account Established: \_\_\_\_\_

Account #: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned certifies that the information submitted to JoxSox herein has been carefully read and is true, accurate, and complete. In consideration for any extension or credit, purchaser agrees to the terms and conditions as set forth below and the conditions of sale set forth on each invoice. **Terms:** All past due accounts are subject to a 1.5% per month service charge. Buyer agrees to pay such costs, expenses and reasonable attorney's fees as Jox Sox may occur in any manner of collection of any sums past due. Deductions from payments for any reason will not be allowed until credit memos are issued. Any such deductions will be shown as outstanding balances. All legal actions arising or ensuing from this agreement will be brought only in Broward County, FL. **Shortages/Damages:** inspect all shipments promptly upon receipt of goods. Any shortages, errors or defective merchandise must be reported to JoxSox Customer Service Department within 5 business days of receipt of merchandise. **Returns and Exchanges:** No returns or exchanges will be authorized after 60 days of receipt of merchandise. Application for a Return Authorization Sticker must be made by mail or fax on an official JoxSox Request for Return Authorization Form. Returned merchandise will only be accepted with an official Return Authorization Sticker on the outside of the package. Merchandise returned without authorization will be refused or discarded and credit will not be issued to the customer's account. All returned merchandise is subject to inspection. Return Authorization stickers are valid for 30 days. Any merchandise returned more than 30 days after the date of the authorization will be refused or discarded.

The undersigned hereby waives any privacy of credit information rights or regulations, including the Consumer Protection Act of 1968 with all amendments, and authorizes his (their) bank(s) and vendors to release any credit information to JoxSox.

Owner/Officers Signature: \_\_\_\_\_ Date: \_\_\_\_\_