



CUSTOMER INFORMATION SHEET

GENERAL INFORMATION (TO BE COMPLETED BY CUSTOMER)

CUSTOMER NAME					
DBA AS (if applicable)					
TYPE OF CUSTOMER	DEALER	DISTRIBUTOR	MASS MERCHANT	CHAIN	ONLINE
BUYING GROUP (if applicable)	SPORTS INC.	WORLD WIDE	MID STATES	NBS	
TAX ID #					
OC VENDOR NUMBER ASSIGNED BY CUSTOMER					
BILLING ADDRESS					
CITY		STATE		ZIP	
TELEPHONE NUMBER			FAX NUMBER		
SHIPPING ADDRESS					
CITY		STATE		ZIP	
BUYER NAME			CONTACT INFO		
BUYER ASSISTANT NAME			CONTACT INFO		
ACCOUNTS PAYABLE NAME			CONTACT INFO		
INVOICE DELIVERY METHOD	MAIL	EMAIL	EDI		
INVOICE CONTACT INFO					
Net Payment Days (preferred)					
Additional Allowances (if applicable)					

LOGISTICS INFORMATION (TO BE COMPLETED BY CUSTOMER)

FREIGHT	PREPAID	PREPAID & ADD	COLLECT		
COLLECT CARRIER PREFERENCE	UPS	FED EX	OTHER:		
COLLECT ACCT NUMBERS					
UPC TAGS REQUIRED?	YES	NO	JHOOKS REQUIRED?	YES	NO
CUSTOMER SKU REQUIRED?	YES	NO	RETAIL REQUIRED?	YES	NO
ROUTING GUIDE	YES		NO		
IF NO ROUTING, CHECK ADDITIONAL REQUIREMENTS	POLYBAG	INNER CARTON	MINIMUM CARTON SIZES		
ADDITIONAL REQUIREMENT INFO/DETAILS					
PREFERRED PACK SIZE (Example: 12/24/144)					

COMPLIANCE INFORMATION (TO BE COMPLETED BY CUSTOMER)

Please list any COMPLIANCE GUIDELINES (social and/or environmental, product safety, global security, etc)					
VENDOR COMPLIANCE LINKS			Compliance Contact		

PLEASE ATTACH THE CREDIT APPLICATION, TAX ID DOCUMENTS, AND ROUTING GUIDE TO THIS FORM.

SALES INFORMATION (TO BE COMPLETED BY OC SALES REPRESENTATIVE)

SALES REP NAME		CONTACT INFO			
PRICING LEVEL			CONFIRMED TERMS		
ADDITIONAL COMMENTS OR ACCOUNT NOTES					

FOR INTERNATIONAL CUSTOMERS ONLY

BROKER NAME:					
FREIGHT FORWARDER NAME:					
FREIGHT FORWARDER ADDRESS:					

Please note, there will be a \$25.00 fee for wire transfers.



Application for Credit

OUTDOOR CAP COMPANY, INC., for the privilege of extending trade credit requires the information requested below. The information will be used for business purposes only and will be held in strict confidence. Incomplete and illegible applications will not be processed. Please supply all applicable information requested.

Date		Credit Line Requested
Legal Name (if corporation)		DBA
Address		Facsimile No.
City/State/Zip		Are you a: (circle one) Proprietorship / Partnership / Corporation
Phone	Fax	Year Started
Email		A/P Contact
Method of receiving invoices. (circle one) Email / Fax / Mail		State Sales Tax Resale No.
Branch/Subsidiary of		Principle Owner/Corporate Officer
Federal ID / Tax No.		Social Security No.

Have you been a debtor in Bankruptcy during the past 10 years? Yes / No Are you a party to a lawsuit? Yes / No
If the answer to any of the questions above is yes, please supply explanation on a separate sheet.

Trade References

Business Name	Business Name	Business Name
Contact Person/Account No.	Contact Person/Account No.	Contact Person/Account No.
Phone	Phone	Phone
Fax	Fax	Fax
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip

Bank Reference

Bank Name _____

Phone _____

Fax _____

Address _____

City/State/Zip _____

Account Officer _____

Account No. _____

TERMS: This is a 30 day charge account. The total invoice indebtedness is payable within 30 days after the billing date.

By signing below, I/We certify that this information, together with any accompanying financial information, is a true and correct and complete statement of our financial condition as of the date indicated and has not materially changed. I/We understand that it is a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements in this application as applicable under the provision of Title 18, United States Code, and Section 1014. I/We consent to any credit investigation necessary to act on or verify the supplied information and acknowledge that I/We may be asked to provide additional information. Photocopies of this authorization may be presented to and relied upon as our authorization to pay any obligations due in accordance with the terms established by OUTDOOR CAP COMPANY, INC., namely 30 days net. All deductions and pricing discrepancies must be resolved within 60 days of invoice date. I/We agree herewith to pay reasonable attorney's fees, court costs and interest in the event it becomes necessary to place any account for merchandise, owing be me/us, in the hands of any attorney or the filing of any legal action for the collection on money owed by the basis of representation given in this credit application. Interest will be charged at the highest rate allowable by law.

I (we) hereby authorize the above named bank to release my (our) banking information to Outdoor Cap Co. Inc. Business checking account must be open for at least six (6) months to be eligible for credit terms. I further designate Outdoor Cap Company, Inc. agents and or representatives to conduct a comprehensive review of my background causing a consumer report/or an investigative consumer report to be generated.

Signature _____ Date _____

Name _____

Office use only
Sales REP _____
REP ID _____

PLEASE ATTACH A COPY OF YOUR CURRENT FINANCIAL STATEMENT

Please return completed and signed application along with accompanying information to:

Email: Sales@OutdoorCap.com or Fax: 479-273-6980