



OLYMPIA SPORTS COMPANY

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CREDIT APPLICATION

THIS INFORMATION IS FOR CREDIT USE ONLY AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

COMPANY NAME _____

COMPANY ADDRESS _____

PHONE # _____ FAX # _____ E-MAIL _____

TYPE OF BUSINESS _____ SALES TAX # _____

DATE STARTED _____ PRINCIPAL SALES ACTIVITY _____

EST. ANNUAL SALES _____ AVERAGE MONTHLY PURCHASES _____

TYPE OF OWNERSHIP: _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

PRINCIPAL OWNER OR OFFICER _____

RESIDENTIAL ADDRESS _____

BANK REFERENCE

BANK NAME _____

ADDRESS _____

ACCOUNT # _____ PHONE # _____

CONTACT _____ FAX # _____

SOFT GOODS TRADE REFRENCES

1- NAME _____
 ADDRESS _____
 ACCOUNT # _____ PHONE # _____
 CONTACT _____ FAX # _____

2- NAME _____
 ADDRESS _____
 ACCOUNT # _____ PHONE # _____
 CONTACT _____ FAX # _____

3- NAME _____
 ADDRESS _____
 ACCOUNT # _____ PHONE # _____
 CONTACT _____ FAX # _____

SIGNATURE _____ TITLE _____ DATE _____