



credit application

This form is required for dealers who wish to have a credit line.

Please allow two full weeks for us to establish an account for you. Although product cannot be delivered an open account until a line of credit is approved, we can ship by Credit Card in the interim. Terms of sale are Net 30 Days. Payment is due in full 30 days from date of invoice. We charge \$25.00 for all NSF checks returned by our bank. The first NSF is forgiven on existing accounts if made good immediately. The second NSF check places the customer on cash only basis

1) COMPANY PROFILE:

Legal Business Name _____ Trade Name (DBA) _____
 Billing Address _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____
 Accounting Contact _____ Accounting Email _____
 Shipping Address _____ City _____ State _____ Zip _____
 Federal Tax ID # _____ Resale # _____

2) OWNERSHIP INFORMATION

Sole Proprietorship Partnership LLC Corporation Year Established by Current Owner _____
 Principle/Officer's Name _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Home Phone _____
 Social Security # _____ Driver's Lic # _____ State _____
 Email Address _____

3) TRADE SUPPLIERS

1 Company Name _____
 Billing Address _____ City _____ State _____ Zip _____
2 Company Name _____
 Billing Address _____ City _____ State _____ Zip _____
3 Company Name _____
 Billing Address _____ City _____ State _____ Zip _____

4) CREDIT REQUESTED

CONFIDENTIAL

Requested Credit Limit _____ Approx. Annual Purchases 0-10k 11-25k 26-50k 51-100k 101-150k 150+

5) PAYMENT / BANK INFORMATION

Company Bank Name _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Contact Person _____
 Type of Account _____ Account Number _____

I (we) personally and unconditionally guarantee to be individually responsible for all debts incurred by the above named company and its representatives. This guaranty is continuing and shall continue to apply to all indebtedness which may hereby incur renew or extend in whole or in part with Advantage Performance Distributing, Inc. without notice to the undersigned Guarantor(s). I (we) grant security interest for all inventory proceeds sold to us by Advantage Performance Distributing, Inc. I (we) agree to pay a balances when due pursuant to the terms sale. I (we) further agree to pay all carrying charges for any balances that become past due at a rate of 1 1/2% per month as we as all collection costs and attorneys fees in the event that action is commenced against the company for non payment. Signature affirms that all above information is correct.

 PRINTED NAME of authorized agent Title SIGNATURE of authorized agent Date

 HOME ADDRESS (required) SOCIAL SECURITY NUMBER (required)

 PRINTED NAME of authorized agent Title SIGNATURE of authorized agent Date

 HOME ADDRESS (required) SOCIAL SECURITY NUMBER (required)