



**Customer Information Form**

Credit cannot be extended until this form is completed, agreed upon, and signed by the person responsible for payment. Please fax this from to Denise @ 816-379-4096. Thank you!

**Company Information**

Business/Trade Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City, St. \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Approx. Annual Sales: \_\_\_\_\_ Credit Line Requested: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ % Ownership: \_\_\_\_\_

**Bank Reference**

Name: \_\_\_\_\_ Officer: \_\_\_\_\_  
Branch: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone/Ext: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account #: \_\_\_\_\_

**Trade References**

1. Company: \_\_\_\_\_ Contact/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
2. Company: \_\_\_\_\_ Contact/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
3. Company: \_\_\_\_\_ Contact/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Agreement for credit and payment terms: By entering into this agreement, the payment terms you agree to are:

- Net amount due fifteen (15) days following delivery
- Invoices unpaid 31 days after invoice date are subject to a service charge of 1.5% per month.  
Equivalent interest rate per annum is 18%.

Thank you for your business. It is our privilege to serve you.

■ *Your Global Resource for Innovative Wear Solutions* ■

2845 Heartland Drive ■ Liberty, MO 64068 ■ 816 587-1923 ■ Fax: 816 587-2055



\_\_\_\_\_ has applied for a credit account with **Wear-Concepts, Inc.** I authorize investigation of our credit information.

You and all persons, agencies, agents, employees, firms, companies or parties affiliated with you are released from any damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of our release for your files.

Signature/ Title \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

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

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

Ph: ( \_\_\_\_\_ ) \_\_\_\_\_