



DUC CREDIT APPLICATION

CONTACT NAME / BUYER: _____

TYPE OF BUSINESS CORPORATION LLC PARTNERSHIP SOLE OWNER (CHECK ONE)

COMPANY NAME DBA: _____

FED TAX ID #: _____ CREDIT LINE DESIRED: _____ YEARS IN BUSINESS: _____

SHIPPING ADDRESS: _____

BILLING ADDRESS (CHECK BOX IF SAME AS SHIPPING) : _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

METHOD OF PAYMENT: CO CHECK VISA MC AMEX DISCOVER

NAME ON CARD: _____

BILLING ADDRESS: _____

CREDIT CARD #: _____ EXP. DATE: _____ SEC CODE: _____

SIGNATURE : _____

TRADE REFERENCES: MANUFACTURER _____

ACCOUNT #: _____ WHAT TYPE OF TERMS? _____

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ACCOUNT #: _____ WHAT TYPE OF TERMS? _____

CHECK BOX IF YOU ARE A MEMBER OF: ADA SPORTS INC. NSGA OTHER: _____

'HOW DID YOU HEAR ABOUT US? SALES REP: _____

DIRECT MAIL WORD OF MOUTH OTHER: _____