



NEW ACCOUNT APPLICATION

WSI • 2915 Commers Dr STE 1300• Eagan, MN 55121 • www.wsisports.com 651 994-9945
•(PLEASE FILL OUT COMPLETELY TO AVOID DELAYS! TYPE OR PRINT CLEARLY)

Name of Account _____

DBA Name _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ ext. _____ Fax _____

Primary Business – Baseball, Football, Hockey, Lacrosse, Softball, Ski, General Year Established _____

Category – General, Specialty, Team, Mail order, Pro-Shop, Big Box, Team Dealer

How did you hear about WSI? _____

E-mail _____ Website/Homepage _____

Authorized Buyer _____ Accounts Payable Contact _____

Credit Card # _____ Expiration Date _____

UPS or FedEx Account number _____

Fed Tax Id# _____

If Incorporated: President _____ Social Security # _____ - _____ - _____

Home Address _____ City/State/Zip _____

Secretary _____ Treasurer _____

If Partnership: Names/Home Addresses/SS #'s of Each Partner _____

Bank Reference: Name _____ Contact _____

Address _____

Phone _____ Acct. # _____

Credit References:

Company: _____ Acct# _____ Fax: _____ Phone: _____

Address: _____

Company: _____ Acct# _____ Fax: _____ Phone: _____

Address: _____

Company: _____ Acct# _____ Fax: _____ Phone: _____

Address: _____

Please read before signing:

The above information is for the purpose of obtaining credit and is warranted to be true. Initial order will be sent prepaid. Returned checks are subject to \$30 fee. I agree to pay all bills upon receipt of statement or as otherwise agreed. I understand a FINANCE CHARGE will be assessed against any unpaid balance extending beyond the 30-day credit limitations of your terms. FINANCE CHARGES are computed by a periodic rate of 1.5%/month (or a minimum of \$.50) which is an ANNUAL PERCENTAGE RATE of 18% applied to my previous balance less payments and/or credit. I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. Furthermore, I authorize WSI to charge invoices more than 60 days late to the credit card provided above if other arrangements are not made for payment. WSI reserves the right to change prices or close your account without notice.

Signature _____ Date _____

OFFICE USE ONLY

Terms Credit limit: Cust Type: Date Approval By Sales Rep. Customer Acct. ID.