



CUSTOMER INFORMATION SHEET

Date _____

ACCOUNT BILLING INFORMATION:

ACCOUNT NAME:
ATTN:
ADDRESS:
CITY/STATE/ZIP:
AREA CODE/PHONE:
FAX #:
EMAIL ADDRESS:

FOR INTERNAL USE ONLY:
Salesman:
Customer #:
Collector #:

Federal Tax ID #: _____

TYPE OF ENTITY:	<input type="checkbox"/> LEAGUE	<input type="checkbox"/> YMCA, JCC, BOYS/GIRLS CLUB	<input type="checkbox"/> PRIVATE CAMP
	<input type="checkbox"/> PTA/PTO/BOOSTER CLUB	<input type="checkbox"/> PRIVATE SCHOOL	<input type="checkbox"/> OTHER
	<input type="checkbox"/> PAL	<input type="checkbox"/> CHURCH	
SPORTS AFFILIATION:	<input type="checkbox"/> BASEBALL	<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> SOCCER
	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> OTHER	
LEAGUE INFORMATION:	AFFILIATIONS: _____		TOTAL PARTICIPANTS: _____
	FEES DUE: _____		DATE PROGRAM ESTABLISHED: _____
WHAT TYPE OF PURCHASING DOCUMENTATION IS REQUIRED FOR INVOICING:	<input type="checkbox"/> PURCHASE ORDERS	<input type="checkbox"/> LETTER OF AUTHORIZATIONS	
	<input type="checkbox"/> SIGN OFF'S FROM AUTHORIZED SIGNERS	<input type="checkbox"/> OTHER _____	

EQUIPMENT \$ _____
UNIFORMS \$ _____
TOTAL CREDIT LINE DESIRED \$ _____

UPDATE FOR CONTACT INFO ONLY	() YES	() NO
TERMS OR INCREASE OF CREDIT LIMIT	() YES	() NO
PREPAY ACCOUNT SET UP	() YES	() NO

Complete the following information for authorized Purchasing personnel and League Directors: (attach sheet for additional authorizations)

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) _____ (NO) _____
EMAIL ADDRESS

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) _____ (NO) _____
EMAIL ADDRESS

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) _____ (NO) _____
EMAIL ADDRESS

NAME & TITLE
HOME ADDRESS
CITY, STATE, ZIP
AREA CODE/PHONE
(W) _____ (H) _____
AUTHORIZED FOR PURCHASE?
(YES) _____ (NO) _____
EMAIL ADDRESS

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TRADE/CREDIT REFERENCES

NAME	CONTACT	ADDRESS	PHONE #
1)			
2)			
3)			
4)			

BANK REFERENCES:

BANK NAME & ADDRESS	BANK PHONE #	
	BANK FAX #	
CHECKING/SAVINGS ACCOUNT #	SAVINGS YES [] NO []	LOAN [] YES [] NO
BANK OFFICER / CONTACT	CERTIFICATE OF DEPOSIT [] YES [] NO	

ARE FINANCIAL/BUDGET STATEMENTS AVAILABLE? _____

CONDITIONS FOR THE EXTENSION OF CREDIT

FOR THE PURPOSES OF OBTAINING AN EXTENSION OF CREDIT, I (WE) ("Applicant") STATE THAT ALL OF INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE PARTIES HEREBY AGREE THAT SERVICES ARE RENDERED SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

- 1) All invoices are due and payable on Net 30-day terms. A NSF charge of \$25.00 and a Handling Fee off \$25.00 shall be assessed for return checks.
- 2) If any collection action is undertaken, BSN Sports dba US Games-League Direct, shall be entitled to recover a reasonable attorneys' fee, all attendant collection costs, all court costs, and all legal interest accrued on past due principal amounts.
- 3) Amounts past due are subject to 1.5% (or highest rate allowed by law) each month (18% per annum) until the balance is paid in full.
- 4) I (We) hereby authorize banks and creditors listed above to release information needed to establish our account.

SIGNATURE	SIGNATURE
PRINT NAME & TITLE	PRINT NAME & TITLE
DATE:	DATE:

FOR INTERNAL USE ONLY	
CREDIT LIMIT _____	DATE _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PROCESSING _____
_____ Credit Manager	

PLEASE ALLOW 7-10 BUSINESS DAYS TO PROCESS INFORMATION FOR TERMS OR CREDIT LIMIT INCREASE