

ERIC McCRITE COMPANY

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customerservice@mccrite.com

TAX ID# _____ SALESMAN _____

NAME _____

INVOICE ADDRESS _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

FAX _____ EMAIL _____

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ YRS IN BUSINESS _____

IF IN BUSINESS ONE YEAR OR LESS, A FINANCIAL STATEMENT MUST BE PROVIDED

ARE YOU LISTED IN DUN & BRADSTREET? _____

UNDER WHAT NAME IF DIFFERENT THAN ABOVE _____

COMPANY OFFICERS OR OWNERS:

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

BUSINESS CLASSIFICATION:

_____ SPORTING GOODS DEALER _____ AD SPECIALTY _____ CHEER/DANCE

_____ T-SHIRT SHOP _____ COLLEGE BOOKSTORE _____ UNIFORM

_____ SILKSCREEN PRINTER _____ DEPT STORE MASS MERCHANT

TRADE REFERENCES:

(1) _____

PHONE _____ FAX _____

(2) _____

PHONE _____ FAX _____

(3) _____

PHONE _____ FAX _____

FOR THE PURPOSE OF OBTAINING CREDIT FROM THE ERIC MCCRITE COMPANY, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

SIGNED _____ DATE _____