



SOFFE SALES REP _____

DATE _____

BUSINESS NAME _____

INVOICE ADDRESS _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

CORPORATION PARTNERSHIP INDIVIDUAL

NO. YRS IN BUSINESS _____ (If in business less than one year, a personal financial statement must be provided)

ARE YOU LISTED IN DUN & BRADSTREET? YES NO

UNDER WHAT NAME IF DIFFERENT FROM ABOVE? _____

COMPANY OFFICERS OR OWNERS

NAME	TITLE	NAME	TITLE
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BUSINESS CLASSIFICATION

SPORTING GOODS DEALER

AD SPECIALTY

T-SHIRT SHOP

COLLEGE BOOKSTORE

SILK SCREEN PRINTER

DEPT. STORE/MASS MERCHANT

TRADE REFERENCES	ADDRESS	PHONE/FAX
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(1) _____

(2) _____

(3) _____

(4) _____

FOR THE PURPOSE OF OBTAINING CREDIT FROM MJ SOFFE CO., I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT

SIGNED _____ DATE _____

It is the intention of MJ Soffe Co. to protect our customers and their product lines. In order to achieve this objective, we establish a minimum opening order of \$300.00 to accompany the initial credit application. This policy is intended to restrict the purchase of our goods to legitimate customers. Further, we require a minimum annual gross sales from each customer of \$1,000.00 in order to keep the account active. If this minimum is not reached, then the customer will be taken off the active status, and a new application will be necessary to open the account (to include the minimum opening order of \$300.00).