Please submit completed credit application to:

ProNine Sports
29001 Solon Road, Unit J
Solon, Ohio 44139
Phone: (800) 355-5969
Fax: (888) 990-1390
Email: customerservice@pronine.com

BUSINESS CREDIT APPLICATION – Sports Inc.

Business Information

Company Name_____

Billing Address_____

City_____ State_____ Zip_____

Phone#_____ Fax#_____ Website_____

Federal Tax ID#/Resale#/SSN#_____ Date Business Started_____

Corporation_____ Partnership_____ Sole Proprietorship_____ LLC_____ Other_____

Type of Business (check all that apply):

Team Dealer_____ Brick & Mortar_____ Tournament/Event_____ Internet_____ Other_____

Amount of Credit Requested or Credit Card Prepay?_____ Buying Group (if applicable) _____

Shipping & Billing Information

Shipping Address_____

City_____ State_____ Zip_____

Purchasing Contact_____ Email_____

Phone#_____ Fax#_____

Accounting Contact_____ Email_____

Phone#_____ Fax#_____

Orders Subject to Sales Tax (OH Business only)? Yes_____ No_____ (if no, please attach **Resale Certificate**)

Signature

Name_____ Title_____

Signature_____ Date_____