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

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**)

Preference for receiving ProNine Sports invoices: Email_____ US Mail_____

Address_____

Trade References (Current vendors only & no credit card terms)

Company Name 1_____ Contact Name_____

Address_____

Phone_____ Email_____

Account Opened Since_____ Credit Limit_____ Current Balance_____

Company Name 2_____Contact Name_____

Address_____

Phone_____ Email_____

Account Opened Since_____ Credit Limit_____ Current Balance_____

Company Name 3_____Contact Name_____

Address_____

Phone_____ Email_____

Account Opened Since_____ Credit Limit_____ Current Balance_____

Bank Reference

Institution Name_____ Contact Name_____

Address_____

Phone_____ Email_____

Checking/Savings Account#_____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished to ProNine Sports with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the ProNine Sports for which credit is being applied for in order to verify the information contained herein. All decisions with respect to the extension, continuation, or termination of said credit availability shall be in the sole discretion of ProNine Sports.

We agree to promptly pay all sums when due. If invoices are not paid within terms, we agree to pay a monthly charge of 1.5% (or maximum legal rate, whichever is less) per month. We also agree to pay collection costs, including reasonable legal fees, whether or not suit is filed.

We accept responsibility for all charges on this account incurred prior to the date ProNine receives a written revocation of this agreement. At such time settlement for balance of account must be arranged.

Signature

Name_____ Title_____

Signature_____ Date_____