



PAMA GOLDEN KNIGHTS ACADEMY ACCOUNT AGREEMENT APPLICATION

OPERATING NAME			DATE		
CORPORATE NAME/ORGANIZATION NAME			BUSINESS AND MOBILE PHONES		
MAIL ADDRESS			BUSINESS FAX		
SHIPPING ADDRESS			EMAIL/SKYPE/WHATSAPP		
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TEAM/ORGANIZATION	DATE BUSINESS ESTABLISHED	TAX #:	PREFERRED FREIGHT METHOD <input type="checkbox"/> U.P.S. <input type="checkbox"/> COURIER <input type="checkbox"/> POST <input type="checkbox"/> CHEAPEST		
DESCRIPTION OF BUSINESS ACTIVITIES					
PRINCIPALS					
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE	
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE	
TYPE OF ACCOUNT REQUESTED					
<input type="checkbox"/> BANK TELEGRAPHIC TRANSFER <input type="checkbox"/> VISA/MC			PERSON RESPONSIBLE FOR ACCOUNT PAYMENT:		
BANK DETAILS					
BANK NAME		BRANCH ADDRESS	ACCOUNT #	PHONE	BANK EMAIL CONTACT
CONTACT					
TRADE/PERSONAL REFERENCES					
COMPANY NAME			PHONE	EMAIL	
COMPANY NAME			PHONE	EMAIL	
COMPANY NAME			PHONE	EMAIL	

ALL ORDERS WILL BE PROCESSED UPON RECEIPT OF FULL PAYMENT ON INVOICE.

I (WE) HAVE SUBMITTED THIS APPLICATION REQUESTING CREDIT, AND CERTIFY THAT ALL STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT. I (WE) AGREE THAT CREDIT INQUIRIES MAY BE MADE, AND AUTHORIZE RELEASE OF SUCH INFORMATION TO YOU. I (WE) UNDERSTAND AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH SAID TERMS AND AGREEMENT. I (WE) ALSO AGREE, IN THE EVENT OF DEFAULT, TO PAY REASONABLE INTEREST, COLLECTION CHARGES, ATTORNEY FEES AND COURT COSTS WHERE APPLICABLE.

OWNERSHIP OF PRODUCT: UNLESS OTHERWISE AGREED TO IN WRITING, THE SUPPLIER RETAINS OWNERSHIP (SECURITY INTEREST) OF ALL MERCHANDISE SHIPPED UNTIL PAID FOR IN FULL BY THE APPLICANT.

APPLICANT SIGNATURE

OFFICE USE ONLY
SUBMITTED BY: _____
ACCOUNT #: _____
COMMENTS: _____ _____
APPROVED: _____
COMMENTS: _____ _____
SIGNATURE: _____
DATE: _____