



APPLICATION FOR INCREASE OF COMPANY CHECK LIMIT

Please complete and return this form to: P.O. Box 529 Preston, WA 98050-0529 or Fax to 800-884-8577

Order Pending? Yes-Invoice# _____ No

CUSTOMER# _____ COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BUSINESS FAX _____ BUSINESS E-MAIL _____

DATE BUSINESS STARTED _____ LIMIT REQUESTED\$ _____

ASI# _____ DUN & BRADSTREET# _____

Structure of Business:

Corporation/LLC Partnership Proprietorship

Primary Line of Business:

Screenprinter (Exclusively) Embroiderer (Exclusively)
 Embroiderer/Screenprinter Uniform Dealer
 Promo Products Dist. (Exclusively) Sporting Goods Dealer
 Promo Products Dist./Embroiderer _____

References:

1.

COMPANY NAME _____

PHONE _____ FAX _____ CONTACT NAME _____

2.

COMPANY NAME _____

PHONE _____ FAX _____ CONTACT NAME _____

3.

COMPANY NAME _____

PHONE _____ FAX _____ CONTACT NAME _____

Authorization for Release of Bank Information

BANK _____ ACCOUNT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT NAME _____

To Whom It May Concern:
This authorizes you to provide SanMar Corporation with the information requested regarding the status of our account.

Terms and Conditions for Application for Increase of Company Check Limit

I authorize you to obtain such information as you may require concerning the statements made in this application and agree that the application, including the information furnished by me, are true and complete and are made for the purpose of obtaining an increased COD company check limit. I further agree to submit such additional information concerning my financial status as you request. It is understood and agreed that the undersigned will continue to be liable in the event of the sale of the business without complying with the bulk sales law. If there are any changes in the structure of my company, I will notify SanMar. I have read and agree to the terms and conditions of this application.

Terms and Conditions of Sales

Customer agrees to pay any/all costs of collection due to the failure to pay when due on this or any other agreement with seller including services of process fees, costs of suit and reasonable attorney's fees.

AUTHORIZED SIGNER ON ACCOUNT