



CUSTOMER APPLICATION

COMPANY NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ EXT: _____ FAX: _____

BUSINESS INFORMATION

(CHECK ONE) SOLE PROPRIETORSHIP / PARTNERSHIP / CORPORATION

TYPE OF BUSINESS: _____ DATE STARTED: _____

PRINCIPAL: _____

(NAME) (TITLE) (SS#)

(HOME ADDRESS)

PRINCIPAL: _____

(NAME) (TITLE) (SS#)

(HOME ADDRESS)

FEDERAL TAX ID: _____ RESALE#: _____

BANK REFERENCES

BANK NAME: _____ PHONE: _____

ACCT NUMBER: _____ ACCT CONTACT: _____

TRADE REFERENCES

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____

The undersigned represents that he/she has been authorized to execute this credit card application on behalf of applicant and is accurate and complete. Applicant acknowledges that Chapman Skateboard Co., Inc. may use this credit information to establish credit terms for the applicant. Chapman Skateboard Co., Inc may at any time in its sole business judgement withdraw or alter credit terms granted to applicant for any reason. Applicant fully understands Chapman Skateboard Co, Inc. credit terms and agrees to pay within terms. Applicant authorizes above bank and trade references to release credit information regarding applicant to Chapman Skateboards Co., Inc.

Officers Signature _____ Date: _____

EMAIL THIS FORM TO INFO@CHAPMANSKATEBOARDS.COM

CHAPMAN SKATEBOARDS CO, INC., 87 N. INDUSTRY CT. SUITE 1, DEER PARK, NY, 11729 (631)321-4773

www.CHAPMANSKATEBOARDS.com