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| **Cascade Athletic Supply Co.**  2930 BIDDLE ROAD \* MEDFORD, OR 97504 PHONE (541) 772-7594 \* FAX (541) 772-8051 accounting@cascadeathleticsupply.com |

## ACCOUNT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Account Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |
| Billing Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Shipping Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Email |  |

## AUTHORIZED PURCHASERS

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title/Position: |  |
| Address: |  | Phone: |  |
|  |  |  |  |
|  |  |  |  |
| Full Name: |  | Title/Position: |  |
| Address: |  | Phone: |  |
|  |  |  |  |
|  |  |  |  |
| Full Name: |  | Title/Position: |  |
| Address: |  | Phone: |  |

## BANKING INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: |  | Bank Phone: |  |
| Bank Address: |  | Person Handling Account: |  |

## Disclaimer and Signature

Applicant authorizes the referenced bank as stated to provide information for credit purposes. Upon request, applicant will personally guarantee payment of all obligations owing to **Cascade Athletic Supply Company.** Applicant understands that payment is due according to Cascade Athletic Supply Company’s terms. Applicant agrees that a service charge of 1.25% monthly (18% per anum) will be charged on past due accounts. Applicant is defined as the legal entity requesting an open account with Cascade Athletic Supply Company.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |