

# WILSON BROWN

SOCK COMPANY



Please Select your Account Choice:

**Business Credit Application**

- Credit Card Account**; complete Sections 1-3 and supply required documents. Please be certain to read terms and conditions, sign and date before returning. A 50% deposit will be charged on custom sock orders.
- Open Terms**; complete Sections 1-2 and supply required documents. Please be certain to read terms and conditions, sign and date before returning.

**Minimum Opening Order \$200.00**

Please complete application and email to [sales@wilsonbrownsocks.com](mailto:sales@wilsonbrownsocks.com).

## Name and Address – Section 1

|                   |        |                 |                 |
|-------------------|--------|-----------------|-----------------|
| Last:             | First: | Middle Initial: | Title           |
| Name of Business: |        |                 | Tax I.D. Number |
| Address:          |        |                 |                 |
| City:             | State: | Zip:            | Phone:          |
| Shipping Account: |        | Email:          |                 |

## Company Information – Section 2

|   |        |        |      |        |
|---|--------|--------|------|--------|
| Type of Business:   | Since: |        |      |        |
| Legal Form Under Which Business Operates:<br>LLC                      Corporation                      Partnership                      Sole Proprietorship |        |        |      |        |
| If Division/Subsidiary, Name of Parent Company:   | Since: |        |      |        |
| Principal Responsible for Business Transactions:  | Title: |        |      |        |
| Address:  | City:  | State: | Zip: | Phone: |

## Credit Card Information – Section 3

|                              |       |                  |                  |                |            |       |
|------------------------------|-------|------------------|------------------|----------------|------------|-------|
| Type of Card:                | VISA  | MASTERCARD       | AMERICAN EXPRESS | DISCOVER       |            |       |
| Credit Card #:               | _____ | Expiration Date: | _____            | Security Code: | _____      |       |
| Credit Card Billing Address: |       |                  |                  |                |            |       |
| Street:                      | _____ | City:            | _____            | State:         | _____ Zip: | _____ |
| Signature:                   | _____ | Date:            | _____            |                |            |       |

**Terms and Conditions:** I certify that the information provided is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended if I am applying for Open Terms. If I elect to pay invoices with Credit Card, I authorize Wilson Brown Sock Company to bill my Credit Card above. Furthermore, I authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information provided. I understand that any invoice 90 days past due will be turned over for collections. Minimum opening order \$200.00.

**Required Documents:** *Resale Certificate and Open Trade References*

**Owner's Personal Guarantee (Must be signed):** \_\_\_\_\_

**How did you hear about Wilson Brown Sock Company?** \_\_\_\_\_