

Forced Performance, Inc.

671 New Hope Road West
McKinney, Texas 75071
972-984-1800 Phone
972-984-1802 Fax



WHOLESALE APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

___ Corporation ___ Partnership ___ Sole Proprietorship FEIN # _____ E-Mail _____

Telephone _____ Accounts Payable Contact _____ Fax _____

Purchase Order Required: ___ Yes ___ No Purchasing Contact _____

How Long in Business _____ How Long at Present Location _____

OWNER/OFFICER INFORMATION (Please List Any Additional Officers and Information on Separate Sheet)

Owner/President, Street/PO Box, City, State, Zip Code, DL# _____

Chief Financial Officer, Street/PO Box, City, State, Zip Code, DL# _____

TRADE REFERENCES – Three Required (Applicant's Standard Data Sheet May be Attached)

Name, Address, Phone Number and **Fax Number** _____

Name, Address, Phone Number and **Fax Number** _____

Name, Address, Phone Number and **Fax Number** _____

BANK REFERENCE (Please List Any Additional Banking Information on Separate Sheet)

Bank Name, Location, Branch Phone Number and Fax Number _____

TERMS OF PAYMENT

The applicant agrees to make payment to Forced Performance Inc.; orders will be delivered either Ground or Air and may be paid for by Credit Card or Certified Funds.

No terms or conditions hereof may be changed except by written consent of Forced Performance Inc. Discounts granted to the undersigned may, at Forced Performance option, be canceled at any time without notice.

I/WE certify that the statements made on this application are true and complete and I/WE agree that the answers furnished in this application as well as other relevant information provided may be investigated and exchanged with others. You or your agent may request a consumer/corporate report (credit report) and subsequent consumer/corporate reports in connection with this application and any update, renewal or extension of the applied-for account. Upon my/our written request, you or your agent will advise me/us (1) whether or not a consumer/corporate report was requested and (2) the name and address of the consumer/corporate reporting agency that furnished the report.

I/WE HAVE READ THIS APPLICATION AND AGREE TO Forced Performance Inc. TERMS, CONDITIONS AND DISCLOSURES.

Applicant Signature _____ Title _____ Date _____ Co-Applicant Signature (if any) _____ Title _____ Date _____