

CREDIT APPLICATION FOR NEW CUSTOMERS

ORGANIZATION INFORMATION

Legal Business Name		Primary Contact	
State of Registration		Primary Contact Title	
Phone Number		Primary Contact E-mail Address	
Facsimile Number		Primary Contact Phone Number	
E-mail Address		Sales Tax Exemption # <small>Only Necessary for Alabama Customers</small>	
Web Site		Business Type <small>Corporation? 501(C)3? 501(C)4?</small>	

BILLING & SHIPPING INFORMATION

BILLING ADDRESS <small>Where the invoice/s will be sent</small>		SHIPPING ADDRESS – LEAVE BLANK IF SAME AS BILLING ADDRESS <small>Where the Package/s will be sent</small>	
Business Name <small>(If Different than Legal Business Name)</small>		Business Name <small>(If Different than Legal Business Name)</small>	
Street Address (Line #1)		Street Address (Line #1)	
Street Address (Line #2)		Street Address (Line #2)	
City		City	
State		State	
Zip Code		Zip Code	
Billing Contact		Shipping Contact	
WE ARE ONLY ABLE TO SEND PACKAGES TO THE ACTUAL PHYSICAL (SHIPPING) ADDRESS OF THE ORGANIZATION. WE ARE NOT ABLE TO SEND IT TO ANY OTHER ADDRESS, SUCH AS A RESIDENTIAL ADDRESS.			

TO HELP US BETTER SERVE YOU (OPTIONAL)

Is your organization an affiliate of the = <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many chess players does your organization serve?	
Would you like us to mail you a = <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did one of our Customer Service Representatives Assist You?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?
Have you purchased from our company before?	<input type="checkbox"/> YES <input type="checkbox"/> NO

AGREEMENT

1. Please allow up to 3 business days for the credit application to be processed.
2. Once a credit application has been approved, all orders must be remitted via an official purchase order from your organization. For faster processing, we **strongly** recommend submitting purchase order at the same time as credit application.
3. All invoices are due to be paid 30 days from the date of the invoice. We accept Checks, Visa/MC/Discover/Amex, Wire Transfer, and PayPal.
4. All returned payments are subject to a \$35.00 fee.
5. A finance charge of 1.5% per month will be charged for balances that are more than 15 days past due.
6. All purchases made from _____
7. Faxed or email application is deemed to be original. No oral agreements or modifications will be accepted.

Signature below is an acceptance of terms and conditions set forth in this agreement and certification that all information provided on this form is truthful and legally accurate.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Signature		Phone Number of Signer	
Name and Title		Date Signed	