

PLATINUM SPORTSWEAR

Company Name: _____ D.B.A. _____

Indicate one: Partnership Sole Owner Non-Profit Corporation State of _____

How long in business: _____ Number of employees _____

Type of Business _____

ADDRESS INFORMATION

Company's Mailing Address:

Street _____ Suite _____

City _____ State _____ ZIP _____

Phone () _____ Fax () _____

How long? _____

Company's Shipping Address:

Street _____ Suite _____

City _____ State _____ ZIP _____

Phone () _____ Fax () _____

How long? _____

PRINCIPAL OF THE COMPANY

Name _____ Position _____ SS# _____

Home address _____ Phone () _____

BANK INFORMATION

Bank _____ Type of account _____

Account # _____ Phone () _____

Address _____ City _____ State _____ Zip _____

CREDIT REFERENCES

Company name: _____ Acct. # _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____

Company name: _____ Acct. # _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____

Company name: _____ Acct. # _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____

_____ has applied to Platinum Sportswear for use of a business check. As a condition to extend use of a business check, Platinum Sportswear is requiring the execution of this personal guarantee, which will bind the signee as personally responsible for any debts realized through the issuance of open credit to the business (or corporation) or through notes or bills of exchange (business checks) that the business (or corporation) may issue to Platinum Sportswear.

Signature _____ Title _____

Print name _____ Date _____

CHECK USE APPLICATION