



**ACCOUNT / CREDIT APPLICATION**

PLEASE FAX COMPLETED FORM TO

**(814)217-1354**

**Specify Requested Credit Amount**

|    |
|----|
| \$ |
|----|

**Business Name and Billing Address**

|               |  |                  |  |      |  |
|---------------|--|------------------|--|------|--|
| Name:         |  | Website Address: |  |      |  |
| Address:      |  | E-Mail Address:  |  |      |  |
| City:         |  | State:           |  | Zip: |  |
| Phone Number: |  | Fax Number:      |  |      |  |

**Shipping Address (if different than above)**

|          |  |        |  |      |  |
|----------|--|--------|--|------|--|
| Address: |  | City:  |  |      |  |
|          |  | State: |  | Zip: |  |

**Company / Applicant Information**

|                    |   |                                      |                                      |
|--------------------|---|--------------------------------------|--------------------------------------|
| Form of Business:  | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| Type of Business:  |   |                                      |                                      |
| Date Established:  |   |                                      |                                      |
| Sales Tax Exempt:  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No          |                                      |
| Exempt in State:   |   |                                      |                                      |
| Federal ID#:       |   |                                      |                                      |
| State of Incorp:   |   |                                      |                                      |
| DUNS #:            |   |                                      |                                      |
| Tax Certificate #: |   |                                      |                                      |

**Owner, Principal, or Officer #1**

|                    |  |
|--------------------|--|
| Name:              |  |
| Title:             |  |
| Home Address:      |  |
| City / State:      |  |
| Social Security #: |  |

**Owner, Principal, or Officer #2**

|                    |  |
|--------------------|--|
| Name:              |  |
| Title:             |  |
| Home Address:      |  |
| City / State:      |  |
| Social Security #: |  |

**Trade Reference #1**

|               |      |
|---------------|------|
| Name:         |      |
| Address:      |      |
| City:         |      |
| State:        | Zip: |
| Phone Number: |      |

**Trade Reference #2**

|               |      |
|---------------|------|
| Name:         |      |
| Address:      |      |
| City:         |      |
| State:        | Zip: |
| Phone Number: |      |

**Trade Reference #3**

|               |      |
|---------------|------|
| Name:         |      |
| Address:      |      |
| City:         |      |
| State:        | Zip: |
| Phone Number: |      |

**Bank Reference**

|                 |  |
|-----------------|--|
| Name of Bank:   |  |
| Account Number: |  |
| Phone Number:   |  |
| Contact Person: |  |
| Address:        |  |

**Credit Card Information**

|  |                             |            |
|--|-----------------------------|------------|
| Card Type: <input type="checkbox"/> Visa   | Name as it Appears on Card: |            |
| <input type="checkbox"/> MasterCard  | Card Number:                |            |
| <input type="checkbox"/> American Express  | Card Billing Address:       |            |
| Cardholder signature authorizes Oasis Footwear, LLC to automatically bill credit card any balance over 30 days past due. | State:                      | Zip:       |
|  | Security Code (CVV):        | Exp. Date: |
|  | Cardholder Signature:       |            |

The undersigned hereby authorizes Oasis Footwear, LLC to check above references, and further gives authorization to check both business and personal credit backgrounds in order to evaluate creditworthiness and extend credit terms. Oasis Footwear, LLC shall retain the right to deny credit to the Applicant. No credit will be extended until and unless the extension of credit is approved by Oasis Footwear, LLC. Oasis Footwear, LLC retains the right to close this account whenever it deems such action to be necessary. It is understood that in the event of suit or action, it shall take place in Erie County, Pennsylvania at the option of Oasis Footwear, LLC. The undersigned waves the right to litigate outside of Erie County, Pennsylvania and also waves the right to trial by jury in any litigation arising from the extension of credit pursuant to this Application for Credit. The undersigned promises to pay all bills when rendered. A finance charge of 1.5% per month, which is an annual percentage of 18%, is charged on all accounts over 30 days unless otherwise agreed upon in writing. Purchaser shall be liable for all costs of collection including reasonable attorney fees, whether suit be brought or not.

Signature of Owner or Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_