FLEXFIT®

New Customer Application

Note: Incomplete and/or unsigned applications will not be processed. Please type or print.

Company Information

Corporate Name		DBA	
Billing Address		City, State, Zip	
Phone Number		Fax Number	
Primary Contact		Account Payable	
Date current ownership began		Federal Tax ID#	
Resale #		DNS#	

Please check one: Corporation ☐   Partnership ☐   Proprietorship ☐

Email Address: _____   Ref by: _____

List below the name Officers, Partners, or Sole Owner:

Name	Title	Address

Bank Reference

Name of bank		Account #	
Address		Officer	
City, State, Zip		Phone #	

Trade Reference

Name		Account #	
Address		Phone #	
City, State, Zip		Fax #	
Name		Account #	
Address		Phone #	
City, State, Zip		Fax #	
Name		Account #	
Address		Phone #	
City, State, Zip		Fax #	

Applicant's signature affirms financial responsibility for and willingness and ability to pay Flexfit's invoices. Applicant authorizes Flexfit, LLC to obtain information it considers necessary in considering this application. If the applicant is unable to pay for purchases when due, the applicant authorizes Flexfit to add interest (1.5% per month; 18% per annum) to the amount due. If Flexfit incurs additional collection costs, the applicant agrees to pay these collection costs, along with attorney's fees. Upon acceptance by Flexfit, LLC, this application constitutes a sale and purchase agreenment. The information contained in this application is accurate.

Name	Title	Signature and Date

Terms Requested: C.O.D. ☐   Net 10 ☐   Net 30 ☐   Credit Line Requested $ _____

Credit Card Authorization

Card Type	Account Number	EXP	Security Code	Card Holder