



NEW ACCOUNT FORM

Return by fax to 800-998-1904

PLEASE INCLUDE A COPY OF YOUR RESALE TAX EXEMPT ID.

BILL TO:

SHIP TO (if different):

Name:

Address:

City, St, Zip:

County:

Phone:

Confirmations Email:

Contact:

Invoices Email:

Contact:

CREDIT CARD PAYMENT AUTHORIZATION

I, _____, do hereby authorize you to charge the Credit Card account noted below for purchases of product and/or services that will be made from phone or written purchase orders.

Visa ___ Mastercard ___ American Express ___ Discover ___

Credit Card# _____ Exp Date _____

Name on Card _____ Security Code _____

Billing Address of Cardholder:

Street Address _____

City, St, Zip _____

Authorized Purchasers:

Authorized Ship To's:

I certify that the facts contained herein are correct to the best of my knowledge. I agree to all terms and conditions as published by Holloway and agree to pay all invoices within terms.

Date

Signature of Cardholder

Title

Please attach a copy of your resale tax certificate

All new accounts subject to sales department approval

Return completed form with Tax Exempt Certificate:Copy of sales tax ID certificate is
required with credit application.**By fax to 800-998-1904****CREDIT APPLICATION**

Date: _____

**** PLEASE ATTACH MOST RECENT FINANCIAL STATEMENT AND LIST OF OUTLETS AND/OR FRANCHISE LOCATIONS TO THIS APPLICATION****

Company Name: _____ DBA _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____ **Sales Tax exemption Number (Copy Required)** _____

Type of Ownership: Sole Owner Partnership Corporation, State of incorporation _____ E-Mail _____

PRINCIPALS OF COMPANY:

Name	Ownership %	Home Address	Home Telephone	Soc. Sec Number

DESIRED CREDIT LINE \$ _____ Year Business Started _____ Any Other Business: _____

Accounts Payable Contact: _____ Direct Telephone or extension: _____

Any Prior Bankruptcies: _____ Listed with D&B ___ Yes ___ No

Financial Statement: Audited Yes ☒ No Unaudited Yes ☒ No Year End _____ company have a vendor compliance manual? Yes ☒ No**BANK REFERENCES**

1) Bank Name _____ Telephone: () _____ Fax: () _____

Street: _____ City: _____ State: _____ Zip: _____

Contact: _____ Checking Acct, #; _____ Loan Acct, #; _____

2) Bank Name _____ Telephone: () _____ Fax: () _____

Street: _____ City: _____ State: _____ Zip: _____

Contact: _____ Checking Acct, #; _____ Loan Acct, #; _____

TRADE REFERENCES (Comparable Apparel Open accounts only, please give account numbers and complete addresses)

1) Name: _____ Acct. # (essential) _____ E-Mail _____

Address: _____ City: _____ State: _____ Zip: _____

Contact _____ Telephone: () _____ Fax: () _____

2) Name: _____ Acct. # (essential) _____ E-Mail _____

Address: _____ City: _____ State: _____ Zip: _____

Contact _____ Telephone: () _____ Fax: () _____

3) Name: _____ Acct. # (essential) _____ E-Mail _____

Address: _____ City: _____ State: _____ Zip: _____

Contact _____ Telephone: () _____ Fax: () _____

We hereby certify that all statements in this application to Holloway are true and complete and made for the purpose of obtaining credit. We agree that all accounts are due and payable by the due date, at the address indicated on the invoice. If not paid as agreed, we promise to pay a finance charge of 1½ % per month for delayed payment, and to reimburse creditor for reasonable cost of collection, whether or not suit is filed. I understand that acceptance of orders placed with Holloway are subject to credit approval and terms and conditions set forth by Holloway in its dealer price list. In addition to the financial statements and as an inducement to sell merchandise to the applicant, the principal owners, officers or partners may sign the following assumption of responsibility and guaranty agreements. I/We assume personal responsibility for and hereby CONTINUING GUARANTEE full payment of all sums due and payable to Holloway, by the applicant listed, including service charges and fees that may accrue collecting the account.

The signature below authorizes and gives permission to Holloway to run a full investigation of your credit history including but not limited to obtaining a consumer credit report. This authorization includes the release of credit information by our banks, trade references, and consumer credit necessary to assist Holloway or their agents in establishing a line of credit.

Date _____ Signature _____ Title _____

IN ADDITION TO THE FINANCIAL STATEMENTS AND AS AN INDUCEMENT TO SELL MERCHANDISE TO THE APPLICANT, THE PRINCIPAL OWNERS, OFFICERS OR PARTNERS MAY SIGN THE FOLLOWING ASSUMPTION OF RESPONSIBILITY AND GUARANTY AGREEMENTS. I/WE ASSUME PERSONAL RESPONSIBILITY FOR AND HEREBY CONTINUING GUARANTEE FULL PAYMENT OF ALL PAYMENTS AND OTHER SUMS DUE AND PAYABLE TO Holloway, BY THE APPLICANT LISTED, INCLUDING SERVICE CHARGES AND FEES THAT MAY ACCRUE COLLECTING THE ACCOUNT.

Date _____ Signature **X** _____

RESTRICTIONS ON SALES/PURCHASES/ASSIGNMENT

Customer will not (a) sell, transfer or assign its right as an authorized Holloway dealer without the express written consent of Holloway; (b) sell or otherwise transfer or transship Holloway goods to another retailer, distributor, or broker; or (c) purchase Holloway products from any source other than Holloway. Additionally, Customer may only resell Holloway products (apparel, footwear, and accessories) through the outlet locations(s) specified in the Credit Application or subsequently approved in writing by Holloway. Any other form of resale of Holloway products other than as specified above shall be prohibited without the prior written approval of Holloway. Such prohibitions shall include, but not be limited to, the following: Customer may not resell Holloway products (visible or encapsulated) through the mail, by catalog, by phone or through the use of any computer network, the Internet, the World Wide Web, or any other electronic means (regardless of the medium). Such right, if granted, is limited to sales and deliveries within the United States. Further, Customer may not advertise Holloway products over the Internet unless such advertisement directs purchase and fulfillment of Holloway products specifically at the location(s) approved in the Credit Application or subsequently approved in writing by Holloway. Violation of the aforementioned conditions may result in the immediate termination of Customer’s account and cancellation of existing orders. Further, if Customer opens or acquires additional retail outlet(s), Customer must notify and receive written approval from their sales representative before any additional or new outlet or franchise can be opened. Holloway does not guarantee Holloway approval of any other outlet or franchise location.

We hereby certify that all statements in this application to Holloway are true and complete and made for the purpose of obtaining credit. We agree that all accounts are due and payable by the due date, at the address indicated on the invoice. If not paid as agreed, we promise to pay a finance charge of 1½ % per month for delayed payment, and to reimburse creditor for reasonable cost of collection, whether or not suit is filed. I understand that acceptance of orders placed with Holloway are subject to credit approval and terms and conditions set forth by Holloway in its dealer price list. The signature below authorizes and gives permission to Holloway to run a full investigation of your credit history including but not limited to obtaining a consumer credit report. This authorization includes the release of credit information by our banks, trade references, and consumer credit necessary to assist Holloway or their agents in establishing a line of credit.

Date _____ Signature _____ Title _____

All ordered merchandise will be packed and routed following Holloway standards. Please provide the information below, if your company has specific needs.

Routing Contact _____ Email: _____

Telephone: () _____ Fax: () _____

Compliance Contact _____ Email: _____

Telephone: () _____ Fax: () _____

Date _____ Signature _____ Title _____