



1155 N. CLINTON AVE., ROCHESTER, NY 14621  
 P.O. BOX 30200 ROCHESTER, NY 14603-3200  
 PHONE: 800-295-2000 FAX: 585-339-4189  
 EMAIL: credit@hmxgroup.com

DUN & BRADSTREET #:

**CUSTOMER CREDIT APPLICATION**

<b>BRAND:</b>	<u>Bobby Jones</u>	<u>Hart Schaffner &amp; Marx</u>	<u>Hickey Freeman</u>	<u>Monarchy</u>	<u>Austin Reed</u>		
<b>CHECK:</b>	<u>X</u>						
<b>BILL TO:</b>	<u>Business Name:</u>			<u>Street Address:</u>			
<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>E-Mail:</u>			<u>Telephone #:</u>	
<b>SHIP TO:</b>	<u>Street, City, State, Zip:</u>					<u>Fax #:</u>	

<b>ACCOUNT TYPE:</b>	(Check One)	<u>Golf Club</u>	<u>Hotel/Resort</u>	<u>Retail</u>	<u>Corporate</u>	<b>OWNERSHIP TYPE:</b>	<u>LLC, Sole Proprietorship, Subsidiary etc.</u>
<u>Name of Parent Company (if Subsidiary):</u>				<u>Street, City, State, Zip:</u>			
<u>Type of Business:</u>			<u>Year Started:</u>	<u>President/Owner:</u>		<u>Telephone #:</u>	
<u>Accounts Payable Contact:</u>			<u>Telephone #:</u>	<u>Controller:</u>		<u>Telephone #:</u>	

**BANK INFORMATION**

<b>BANK REFERENCE</b>	<u>Bank Name</u>	<u>Street, City, State, Zip</u>	
<u>Contact Name Position:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Account Number:</u>

**MAJOR TRADE REFERENCES**

<u>Company Name:</u>	<u>Contact Name:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Account #:</u>
<u>Company Name:</u>	<u>Contact Name:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Account #:</u>
<u>Company Name:</u>	<u>Contact Name:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Account #:</u>
<u>Company Name:</u>	<u>Contact Name:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Account #:</u>
<u>Existing Hickey Freeman/Hartmarx/Bobby Jones?</u>		<u>Year Opened:</u>	<u>Account #:</u>	<u>Last Sale Date:</u>

**SALES INFORMATION**

<u>Initial Order Amount:</u>	<u>Initial Season:</u>	<u>Competitive Brands Carried:</u>	
<u>Buyer Name: (Mr. Mrs. Ms.)</u>	<u>Address:</u>	<u>Retail Price Required (Y or N):</u>	
<u>Buyer Phone:</u>	<u>Buyer Fax:</u>	<u>Number of:</u> <u>Stock Books _____</u> <u>Custom Boxes _____</u>	<u>Purchase Order Required (Y or N)</u>

**DISCLOSURES AND AUTHORIZATIONS**

The Applicant hereby authorizes the Grantor to contact the Financial/Trade references listed, as well as any credit reporting agencies to obtain credit information. The Applicant also authorizes said References to divulge credit information as requested by the Grantor. It is understood that all information will be kept confidential.

The Applicant understands that payment for all sales of goods or services will be according to the terms stated on the Grantor's invoices and that said terms shall constitute an agreement of sale.

PLEASE ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT. PLEASE FILL OUT APPLICATION COMPLETELY.  
 PLEASE ATTACH THE LATEST RESALE CERTIFICATE FOR YOUR COMPANY  
**FEDERAL TAX IDENTIFICATION NUMBER:** \_\_\_\_\_

AUTHORIZED SIGNATURE OF APPLICANT	DATE

HMX, LLC SALES REP SIGNATURE (MANDATORY)	DATE

PRINT NAME, TITLE AND TELEPHONE NUMBER

<b>BOB HOPE - G16</b>
PRINT SALES REP NAME & NUMBER