



Thank you for your interest in establishing an account with us and becoming an authorized Richardson distributor.

Please complete the following new account information form as well as the credit application and agreement. Even if you are not requesting open terms, please sign the credit agreement and return this form.

The new account form will provide us with information about your business and help us determine if you meet the requirements to become an authorized Richardson distributor. Richardson maintains a controlled distribution policy and a focused sales strategy for different channels. We have separate sales forces for the Team, Corporate and Golf markets. New accounts will be reviewed to determine which sales representative should be assigned to your account. Once we receive the completed forms, a member of our sales team will contact you to discuss your new account status. All new accounts are required to purchase \$1500 worth of products and services per year to maintain an account with Richardson.

Should you have any questions regarding our products or services, please call us at (800) 545-8686 and ask for our new account representative or go to www.richardsoncap.com. Once your account has been established, we will forward your account number and all pricing information.

Once again, thanks for your interest in Richardson.

Sincerely,

Sandra Henning
New Account Coordinator/ Sales Executive
saundrah@richardsoncap.com

Courtney Somers
Asst. New Account Coordinator/ Sales Executive
courtneys@richardsoncap.com



For Office Use Only:

Acct.# _____

TM _____ CT _____

PL _____ SR _____

New Account Information Form

Full Business Name: _____

DBA: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Years In Business: _____ Number of Locations: _____ Business Structure _____

(If different from above)

Ship to address: _____

City/State/Zip: _____

Sales Channel or Type of Business. *Please mark the business type(s) that best describe your organization*

_____ Team Sporting Goods Dealer

_____ Full Line Sporting Goods Retailer

_____ Corporate/ Promotional Products Distributor:

_____ Decorator (Embroidery/ Silkscreen)

_____ Specialty Retailer (Bookstore, Fan Shop)

_____ Department Store

_____ Mass Merchandiser/ Discount Retailer

_____ Internet Reseller

_____ Golf Pro Shop or Golf Retailer

_____ Manufacturer

Richardson maintains a controlled distribution policy with a focused sales strategy for different channels. To have access to our custom on field baseball caps, new accounts must receive "Team" authorization from us and be actively pursuing the team/school business. If you do not currently sell to the team or school market, please do not mark that category below.

Who Do You Sell To

_____ Public/ Retail _____ Corporate/ Commercial Accounts _____ Teams & Schools _____ Clubs & Associations:

_____ Resellers _____ We purchase for internal use only

Location Type

Retail/Store Front: _____ Office/Warehouse: _____ Home: _____

Other: _____

Main Contact or Buyer: _____

Owner(s): _____



<u>For Office Use Only:</u>	
Acct. #:	_____
Credit Approved:	_____
Limit: \$	_____
Credit Denied:	_____
Date:	_____

Credit Application/Agreement

Firm Name: _____ ASI #: _____

Billing Address: _____

City / State / Zip: _____

Phone # _____ Fax # _____

Type of Business: Corporation _____ LLC _____ Partnership _____ Proprietor _____ Date Business Established _____

Number of Employees _____ Desired Credit Limit _____ Estimated Annual Purchases from Richardson _____

Ownership

Principal:	Name: _____	Title: _____
	Home Address: _____	S.S. #: _____
Principal:	Name: _____	Title: _____
	Home Address: _____	S.S. #: _____

Trade References

Name: _____	Fax: _____	Acct. No. _____
Name: _____	Fax: _____	Acct. No. _____
Name: _____	Fax: _____	Acct. No. _____

Bank Reference

Name: _____	(Phone No.) _____	(Fax No.) _____	(Acct. #) _____
Contact: _____			

Person within your company we may contact concerning accounts payable:

_____	_____	_____	_____
(Print Name)	(Title)	(Phone No.)	(Fax/Email)

I the undersigned, pledge that all information listed above is correct and to pay all debts according to the terms set forth in the invoice. I agree to pay a 1 1/2 % per month finance charge on all invoices 30 or more days past due. In the event any collection proceedings are required against my account, I agree to pay 33 1/3 % of balance owed to offset legal fees and/or collection fees. If a suit is brought, venue may be laid in the county and state of Richardson Sports, Inc.'s choice. I recognize that upon issuance of credit by Richardson Sports, Inc. that all terms and conditions of this Application shall constitute an agreement of sale. I also authorize the contact of the above listed trade and bank references as well as the approval to acquire business information credit reports and if a sole proprietor, a personal credit report.

Owner or officer of company please sign below

_____	_____	_____
(Print Name)	(Signature)	(Date)

If your account is not granted open terms, your orders will be shipped C.O.D. or you may charge by Visa/MasterCard/American Express.