



LIBERTY SPORT CREDIT APPLICATION

Tel: 800-444-5010

Fax: 1-866-626-4909

ATTN: New Account Department

All provided information is confidential (1-30-07)

Name of Firm:		
Street Address:		
City:	State:	Zip Code:
Country:	Telephone #:	E-mail:
Buyer Name:	Accounts Payable Contact:	
<input type="checkbox"/> Buying Group Member? Membership Number:		

Drop Locations– Please list any drop locations; use an additional sheet if necessary.

Name of Firm:		
Street Address:		
City:	State:	Zip Code:

Additional Information

Select Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
How long have you been in business?	_____		
Do you own or rent your business location(s)?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
Have you done business under any other name in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, please provide the other names:	_____		
Please provide the names, titles, home addresses, telephone numbers, and social security numbers of all principles in the business: _____			

Trade References – Please provide at least three (3) references.

Name:	Tel #:	Account #:
Address:		
Name:	Tel #:	Account #:
Address:		
Name:	Tel #:	Account #:
Address:		

Bank Reference

Name:	Tel #:	Account #:
Address:		

Applicant understands that Liberty Sport products are purchased on an exchange only basis unless “for patient approval” is specified on the product invoice. Respective invoice must be included with matching product at the time of return. All other returns will be assessed a \$9.95 recertification charge per frame.

If business ownership changes due to sale, transfer, or new ownership, applicant agrees to notify Liberty Sport within 10 business days and ask for new membership and credit application.

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit, and I hereby authorize you to obtain information from any of the references above. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay interest at the highest rate allowed by law in the state in which the undersigned resides or maintains a place of business, and, if the account is turned over for collection, will pay a reasonable attorney or collection fee.

I personally guarantee to be responsible for product sold to me by Liberty Sport as an individual, not as a corporate officer.

Owner’s Name (Please Print) _____

Owner’s Signature _____