

CREDIT CARD APPLICATION



FOR YOUR CONVENIENCE, THIS FORM MAY BE COMPLETED ELECTRONICALLY WITH ADOBE ACROBAT READER. REMEMBER TO SAVE BEFORE SUBMITTING.

BUSINESS TYPE: RETAIL STORE (OFF COURSE) PRO SHOP ONLINE AD SPECIALTY OTHER: _____

RETAILER PROFILE: # of Locations: _____ CORP CHAIN IND FRANCHISE CENTRAL BILL: Y / N

CONTACT INFORMATION: *DESIGNATES REQUIRED FIELD	BILLING ADDRESS*:
_____	_____
Store or Trade Name*	_____
_____	_____
Business Legal Entity Name (If different from DBA)	_____
_____	_____
Contact Name*	_____
Contact Title*	_____
_____	_____
Contact Phone*	_____
Contact Email*	_____
_____	_____
Buyer Contact Name (If different)	_____
Buyer Contact Email (If different)	_____
_____	_____
Accounts Payable Name (If different)	_____
Accounts Payable Contact Email (If different)	_____

BUSINESS INFORMATION: BUSINESS ENTITY TYPE: CORP P'SHIP LLC IND OTHER: _____

Owner Name* _____ Tax ID / SS#* _____ Resale Cert# / State* _____

Years in Business _____ Website URL _____ ASI/PPAI# _____

Sales Volume: _____ Anticipated Annual CLICGEAR Sales Volume: _____

CREDIT CARD INFORMATION:	CREDIT CARD BILLING ADDRESS*:
_____	_____
Name on Card	_____
_____	_____
Card #	_____
_____	_____
Security Code (CVV)	_____
Expiration Date (MM / YYYY)	_____

Please note that our credit card system creates an initial authorization charge for the order total plus 20% to cover freight. Once the order ships, the authorization charge will be replaced by the actual charge (the order total plus actual freight). Please let us know before finalizing your order if this will be an issue for you.

The ProActive Sports Group™
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CUSTOMER SERVICE
1-800-369-8642

CSR