

TERMS APPLICATION

THE PROACTIVE SPORTS GROUP™



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

INTERESTED IN BUSINESS WITH: REQUEST CREDIT LINE: _____

<p>CONTACT INFORMATION: *DESIGNATES REQUIRED FIELD</p> <p>_____</p> <p>Store or Trade Name*</p> <p>_____</p> <p>Business Legal Entity Name (If different from DBA)</p> <p>_____</p> <p>Credit Contact Name / AP* Credit Contact Title*</p> <p>_____</p> <p>Credit Contact Phone* Credit Contact Email / AP*</p> <p>_____</p> <p>Buyer Contact Name (If different) Buyer Contact Email (If different)</p> <p>_____</p> <p>Accounts Payable Name (If different) Accounts Payable Contact Email (If different)</p> <p>_____</p>	<p>BILLING ADDRESS*:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>SHIPPING ADDRESS (IF DIFFERENT):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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BUSINESS INFORMATION: BUSINESS ENTITY TYPE: CORP P'SHIP LLC IND OTHER: _____

Owner Name* Years in Business Tax ID / SS#* Resale Cert# / State*

<p>BANK INFORMATION:</p> <p>_____</p> <p>Bank Name</p> <p>_____</p> <p>Account#</p> <p>_____</p> <p>Banker's Name Banker's Phone or Email</p> <p>_____</p>	<p>TRADE REFERENCE(S):</p> <p>_____</p> <p>Product Supplier Account#</p> <p>_____</p> <p>Vendor Contact Name Contact Phone or Email</p> <p>_____</p> <p>Product Supplier Account#</p> <p>_____</p> <p>Vendor Contact Name Contact Phone or Email</p> <p>_____</p>
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The ProActive Sports Group™
 1200 SE 2nd Ave., Canby, OR 97013
 TEL (503) 263-8583 • FAX (503) 263-8579
 WEBORDERS@PROACTIVESPORTS.COM

CALL CUSTOMER SERVICE
1-800-369-8642

APPROVAL <input type="checkbox"/>	DATE
CSR	

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1. Store ("Applicant") irrevocably authorizes Pacific Rim Ventures, Inc., dba as The ProActive Sports Group ("Company") and its agents (1) to obtain one or more credit reports and make whatever inquiries it considers appropriate in connection with this credit application, collection or periodic review of the account for which Applicant is applying; (2) to make its experience with the account available to credit bureaus and persons who have or expect to have financial dealings with Applicant; (3) to share collection information with Applicant's other creditors; and (4) to disclose this information to any person or entity when required to do so by law.
2. Applicant makes application for credit terms to Company. Applicant hereby gives Company permission to verify the information stated herein.
3. Payment for any goods sold or services provided by Company to Applicant is due and payable 30 days from receipt of goods or services unless otherwise stated on the invoice received from Company. Applicant understands and agrees that any past due amount will be charged 1.5% interest per month until amount is paid.
4. In the event that payment is not made and this account is referred for collection, the undersigned understands and agrees to pay the cost of collection and if an attorney is retained, the undersigned will pay all reasonable attorney's fees and litigation costs, whether or not any action or proceeding is commenced.
5. The undersigned Applicant and Guarantor(s) understand and agree that in the event of a suit or action, Clackamas County, Oregon will be the sole venue for litigation.
6. The undersigned Guarantor(s) agrees to irrevocably and does hereby grant to Company an unlimited personal guarantee for payment of all amounts due to Company from Applicant.

APPLICANT:

Name of Business

Signature / Digital Signature

Title

Date

GUARANTOR(S):

Name (Printed)

Signature / Digital Signature

SSN#

Date

Name (Printed)

Signature / Digital Signature

SSN#

Date

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