

Solitude Fly Company

800 S. Palm Ave., #1
Alhambra, CA 91803
Tel: 626.458.6624
Fax: 626.308.9068

CUSTOMER PROFILE AND CREDIT ACCOUNT APPLICATION

FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED TO YOU

COMPANY INFORMATION

EXACT LEGAL NAME _____

D/B/A _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE # () _____

FAX # () _____

BUILDING IS OWNED (OR) LEASED

IF LEASED, DATE LEASE EXPIRES _____

FULL NAME OF PRINCIPAL (S) - LIST HOME ADDRESS AND RESIDENTIAL TELEPHONE

NAME

ADDRESS

RESIDENTIAL PHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF PERSON TO CONTACT REGARDING PAYMENT _____

BUSINESS INFORMATION

TYPE OF BUSINESS (CHECK ALL THAT APPLY):

RETAIL, APPROX. SIZE (PRIMARY STORE): _____ SQ.FT. MAIL ORDER MANUFACTURER
 WHOLESALE/DISTRIBUTOR GUIDE LODGE TYER
 INTERNET SELLER

PERCENTAGE OF BUSINESS:

FLY/FRESHWATER FLY/WALTWATER CAST/SPIN SOFTGOODS
 HARDGOODS ACCESSORIES GIFTS

PRODUCTS/BRANDS CURRENTLY SELLING: _____

IS YOUR UPS DELIVERY ADDRESS CLASSIFIED AS RESIDENTIAL OR COMMERCIAL? R: _____ C: _____

ANNUAL SALES: _____

WILL YOU ACCEPT BACKORDERS? YES: _____ NO: _____

CREDIT REQUEST:

MAXIMUM CREDIT REQUESTED: _____

SHIPPING TERMS UNTIL CREDIT APPROVED:

COD: (CASH, CERTIFIED CHECK, BANK CHECK)

PREPAY: MASTERCARD: VISA: CARD NO. EXPIRATION DATE: _____

CARD HOLDER NAME & ADDRESS: _____

TRADE REFERENCES (WITH OPEN CREDIT EXPERIENCE):

1. NAME: _____ TEL: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

2. NAME: _____ TEL: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

3. NAME: _____ TEL: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

4. NAME: _____ TEL: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

5. NAME: _____ TEL: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY BANK REFERENCE:

NAME OF BANK _____ ADDRESS _____

CITY/STATE/ZIP _____ BANK OFFICER _____

PHONE # _____

ACCOUNT NUMBERS:

CHECKING SAVINGS

CHECKING SAVINGS

OTHER BANKS & ADDRESSES

"FOR THE PURPOSE OF CREDITOR, ITS DIVISIONS, SUBSIDIARIES AND TRADE STYLES, TO EXTEND CREDIT, EACH INDIVIDUAL SIGNATORY IN CONSIDERATION FOR ACCRUING BENEFITS HEREBY AGREES TO SERVE AS AN UNCONDITIONAL GUARANTOR AND SURETY FOR ALL LIABILITIES OF THE APPLICANT INCURRED FROM THE DATE OF SIGNATURE HERETO. IT IS ALSO AGREED THAT APPLICANT AND THE SIGNATORIES SHALL BE LIABLE FOR ALL PAST DUE AMOUNTS THAT ARE SUBJECT TO SERVICE CHARGES OF 1 1/2% PER MONTH, COLLECTION COSTS AND ATTORNEY FEES. ALL CLAIMS ARE VOID UNLESS SUBMITTED IN WRITING WITHIN 14 DAYS OF SHIP DATE. THE SELLER'S LIABILITY IS LIMITED TO CREDIT OR REPLACEMENT OF PRODUCT IN ITS ORIGINAL STATE PRIOR TO SHIPMENT."

PRINCIPAL'S SIGNATURE _____ PRINCIPAL'S NAME & TITLE (PRINT) _____ DATE _____

PRINCIPAL'S SIGNATURE _____ PRINCIPAL'S NAME & TITLE (PRINT) _____ DATE _____

PLEASE SUBMIT MOST RECENT BALANCE SHEET AND OPERATING STATEMENT WITH THIS APPLICATION