

# NEW CUSTOMER INFORMATION FORM

# kollegetown

## SPORTS

PLEASE RETURN COMPLETED FORM TO:

REP NAME: Abby Mazzie  
Email: abbym@kollegetown.com

Legal name of company <i>Aerocats</i>	Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Gov't <input type="checkbox"/>	
Trade Name (dba) <i>N/A</i>	If Tax Exempt, please attach Tax Exemption Certificate	Fed ID #
Nature of Business <i>University of Cincinnati Student Organization</i>	County <i>1</i>	Purchase Orders required: YES/ NO

Person to contact for payment Title	Phone No.
Billing Address	E-Mail Address
City, State, Zip	Fax No.

### Shipping/Contact Information

Person to contact for orders <i>Scott Smith</i> Title <i>Treasurer</i>	Phone No. <i>(440) 991-7533</i>
Shipping Street Address <i>2359 Ohio Ave, Apt. 3</i>	E-Mail Address <i>Smith55p@mail.uc.edu</i>
City, State, Zip <i>Cincinnati, OH 45219</i>	Fax No. <i>N/A</i>

**\*BANK REFERENCES MUST BE COMPLETED FOR NET 30 TERMS, OTHERWISE PREPAYMENT TERMS WILL APPLY**

### Bank Information

Bank Name	Account No.
Bank Address	Contact
City, State, Zip	Phone No.

Company Name	Account No.
Address	Contact
City, State, Zip	Phone No.

Company Name	Account No.
Address	Contact
City, State, Zip	Phone No.

This credit application is submitted by Customer, to Kollege Town Sports to obtain credit.

Customer and Customer's authorized representative signing this agreement represent and warrant that the information provided in this application and in any and all documents furnished by the Customer, to Kollege Town Sports, is true and correct in all material respects and contains all information necessary so that this application is not materially misleading

Name/Title *Scott Smith / Treasurer*

Date *2/18/2015*

Signature *Scott Smith*