



## CUSTOMER APPLICATION

Please fill this application out completely. Unsigned or incomplete applications cannot be processed as most banks will not release information without your approval.

Basco, Inc. is a distributor of video games for all platforms. We sell wholesale only. Acceptance of this completed application does not constitute an offer to sell or to extend credit. Because we work on a wholesale level only, we will not quote prices before we receive this completed application. We will verify your trade and bank references. Upon receipt of the requested information, we will notify you of your account status. You may fax the application to us, however, in order for us to fully process your application, please mail the original.

Until such time as Basco, Inc. extends account privileges, accepted orders will be on a prepayment or COD cash basis only. If you wish to purchase from Basco on a COD basis, we still need this application filled out. Bank starter checks, or checks without your company name, cannot be accepted for COD orders without advance approval from Basco, Inc.

We look forward to working with you. If you have any questions, don't hesitate to contact us.



**COMPANY INFORMATION  
PLEASE FILL OUT COMPLETELY**

Full Company Name \_\_\_\_\_ Tax I.D. (Resale) # \_\_\_\_\_

DBA \_\_\_\_\_

Billing  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Is your business a:

Corporation  Partnership  Single Proprietorship

How long have you been conducting business under this name? \_\_\_\_\_

Is your company owned by another company?  Yes  No

If yes, name of parent company \_\_\_\_\_

Have you, or anyone associated with or having an interest in your company, done business with Basco before under this or any other name?  Yes  No

If yes, what name? \_\_\_\_\_

Do you require a written P.O.?  Yes  No

Anticipated monthly purchases \$ \_\_\_\_\_

Do you have any special shipping instructions (such as hours you are open, garage door restrictions, etc.)? \_\_\_\_\_

\_\_\_\_\_

**PRINCIPALS\***

\*If corporation, list major stockholders. If partnership, list all partners. If sole proprietorship, list owner.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_



Person(s) authorized by you to order merchandise from Basco \_\_\_\_\_ Position \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Accounts Payable Bookkeeper(s) \_\_\_\_\_

**TRADE REFERENCES (Please Print or Type)**

1. Company	OFFICE USE ONLY
Name _____ Address _____ City _____ State _____ Zip _____ Tel _____ Fax _____ Contact _____ Acct No _____	Date Sent _____ By _____ Balance _____ Terms _____ Date of Last Sale _____ How long sold _____ Highest recent credit _____
<b>2. Company</b> Name _____ Address _____ City _____ State _____ Zip _____ Tel _____ Fax _____ Contact _____ Acct No _____	Date Sent _____ By _____ Balance _____ Terms _____ Date of Last Sale _____ How long sold _____ Highest recent credit _____
<b>3. Company</b> Name _____ Address _____ City _____ State _____ Zip _____ Tel _____ Fax _____ Contact _____ Acct No _____	Date Sent _____ By _____ Balance _____ Terms _____ Date of Last Sale _____ How long sold _____ Highest recent credit _____
Bank Name _____ Address _____ City _____ State _____ Zip _____ Tel _____ Fax _____ Contact _____ Acct No _____ Acct No _____	Date Sent _____ By _____ Any NSF checks _____ Avg Balance _____ Verified by _____ Borrowing Acct _____ Comments _____



It is agreed that the undersigned, in consideration of Basco, Inc. selling merchandise to the company applying herein for credit, do each hereby personally and individually guarantee payment to Basco, Inc. In addition, the undersigned guarantors and the company agree to pay service charges of 1.5% per month on all balances which are past due; and should Basco, Inc. deem it necessary to place the account with an attorney or collection agency for collection, the company and the undersigned each agree individually to pay attorney fees equal to 25% of the balance due plus court costs, in addition to the actual balance due and owing. The above applies to any and all renewals and/or modifications of Basco Inc's selling terms to the company applying for credit. This guarantee cannot be changed or terminated except in writing with such notice delivered to Basco, Inc.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



As most banks will not release information without your approval, this section must be filled out completely.

### RELEASE AUTHORIZATION

I, \_\_\_\_\_ (President/Owner/Partner) hereby give permission to \_\_\_\_\_ (Bank Name) to release all necessary written credit reference information requested by Basco, Inc. for the purpose of obtaining a commercial line of credit.

Bank Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

State, City, Zip, Country \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_