



KNP Headwear a division of New Age Inc.

2900 Service Road, Niagara Falls, NY 14304
Tel: (716) 297-5680 Fax: (716) 297-5815

Credit Application

(Please complete all information to avoid any delay in processing)

COMPANY/LEGAL NAME: _____

ADDRESS: _____ CITY & STATE: _____ ZIP CODE _____

TEL #: (____) _____ FAX #: (____) _____ TYPE OF BUSINESS: _____

PLEASE CIRCLE : PROPRIETORSHIP / PARTNERSHIP / CORPORATION/ NEW VENTURE

TRADE NAME (IF ANY): _____ HOW LONG IN BUSINESS: _____

BUSINESS OPERATED FROM: WAREHOUSE () RETAIL STORE () OFFICE () HOME ()

DATE OF INCORPORATION: _____ FED TAX ID #: _____ # OF EMPLOYEE: _____

PERSON(S) AUTHORIZED TO SIGN ON BEHALF OF THE COMPANY: _____

CONTACT PERSONS: PRESIDENT/OWNER: _____ CONTROLLER: _____

ESTIMATED ANNUAL SALES: _____ ESTIMATED PURCHASE FROM NEW AGE INC. _____

BANK INFORMATION:

BANK: _____ A/C NO.: _____ CONTACT PERSON: _____

ADDRESS: _____

TEL NO.: (____) _____ FAX NO.: (____) _____ LINE OF CREDIT: _____

IMPORTANT: PLEASE NOTIFY YOUR BANK TO RELEASE THE APPROPRIATE INFORMATION.

TRADE REFERENCES:

1) NAME: _____ TEL# (____) _____ FAX# (____) _____

ADDRESS: _____

2) NAME : _____ TEL# (____) _____ FAX# (____) _____

ADDRESS: _____

3) NAME : _____ TEL# (____) _____ FAX# (____) _____

ADDRESS: _____

I/we, the undersigned, being an owner or stockholder or corporate officer of this applicant who has made application for credit with New Age Inc., warrants the truth, accuracy and completeness of the information contained herein and hereby authorize New Age Inc. to investigate the credit of the applicant with any of its suppliers, bank account representatives, credit bureaus or credit reporting agencies.

I/we understand that New Age Inc.'s term is Net 30 days from the date of invoice unless otherwise specified, and the account may be subject to a financial charge on past-due balances of 2% per month (24% annually). Furthermore, I/we understand that my orders will not be shipped if my account is past due, and that collection fees (including attorney fees) and related costs are my responsibility in the event of my non-payment. Also, I/we understand that a service charge of \$25 will be applied to my account in the event of a returned cheque.

I/we make this application on behalf of the above mentioned company. The information contained herein is strictly confidential and is for the explicit use of New Age Inc. The signature below authorizes my bank to release credit and account information to New Age Inc.

Authorised Signature Name (Please Print) Position/Title Date