



Confidential Credit Application

13138 Arette Circle, Santa Fe Springs, Ca 90670
Voice: 888-236-2357 Fax: 562-921-8595
E-mail: info@codpaddlesports.com

Business Name: _____

Mail To: _____ Ship To: _____

Phone : _____ Year Established in Business: _____

Fax: _____ Owner Name(s): _____

E-Mail: _____ Owner Address: _____

Tax ID# _____ Owner SSN# _____ Corporation Proprietor Partnership

Resale # _____

CREDIT AMOUNT REQUESTED \$ _____ Important: Dollar amount required for proper application processing.

References: We need a minimum of three current trade references that will report your credit history. Please provide the complete name, address, zip code, telephone number, fax number, and your account number for each vendor. Failure to provide complete information does result in credit decision delays.

1. _____
2. _____
3. _____

Bank: _____ Account Number: _____

Address: _____ Phone: _____

_____ Fax: _____

Terms and Conditions:

The Business Customer named above understands that all credit decisions are made at the discretion of C.O.D. Paddlesports Inc. Terms, if offered, are subject to change with or without notice based upon the business customers payment history.

Business Customer will be responsible for prompt payment of all invoices and any interest charges. Invoice terms are calculated from the ship date. Discounts, if any, are reflected on the invoice and do not apply to shipping charges. Partial or late payment may void discount. We may charge 1.5% per month, 18% annually, on past due accounts. Any past due account may be placed on "Credit Hold" and may be placed on COD or Pre-pay terms without notice. Further, the Business Customer is responsible for any and all collection charges and recovery fees.

Risk of loss shall pass to the Business Customer at FOB Santa Fe Springs, CA, USA at time of shipment. All claims for shipping damage, shortage or incorrect product must be made to C.O.D. Paddlesports Inc. within 5 working days of receipt. Failure to do so shall be considered acceptance of shipment as received.

Business Customer will be responsible for payment of freight charges both ways for returns. To return product, Business Customer must obtain a valid Return Authorization from C.O.D. Paddlesports Inc. A 15% restocking fee may be charged on returned merchandise.

I understand and agree to abide by the terms stated above. Further, I certify that all information provided on this document is true and correct. I authorize the release of this information for a credit investigation, including, but not limited to, current trade experience, presence or absence of collection data, derogatory public records filings, and related commercial or consumer credit history or reports. I agree to release C.O.D. Paddlesports Inc. from any and all liability or damage that may result it's use of such information.

I certify that I am authorized to accept and execute this document on behalf of the Business Customer named above.

Signature: _____ Date _____

Print Name: _____

Office Use Only	Acct# _____	Rep Name _____	Received _____
Approved by _____	Terms _____	Credit Limit _____	Date _____