



2187 PENNSYLVANIA AVE • YORK, PA • 17404
PHONE (717)845-1504 • TOLL FREE (800) 632-1830 • FAX (717) 854-6072
E-MAIL: bowler@bowlerssupply.com

Thank you for your interest in becoming a customer of Bowlers' Supply, Inc. In order for us to service your account as efficiently as possible, we would appreciate your completing the enclosed information sheets and returning them to us as quickly as possible.

Please note, that included with these forms is a Credit Application which must be completed in order to service you on an open account basis. We hope you can understand that until credit has been approved, all sales must be processed on a C.O.D. basis. We do, however, extend our 5% prompt payment discount prices on any C.O.D. orders.

We also offer the option of payment by credit card. A separate form is included for credit card information should you select this option. A 3% discount will automatically be deducted from our regular wholesale price on all invoices billed to a credit card.

We certainly look forward to earning your business and hope we will share a long lasting business relationship.

Thank you.

Sincerely yours,

A handwritten signature in cursive script that reads "Rae Ogden".

Rae Ogden
Controller

RO/cae



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NEW ACCOUNT CUSTOMER INFORMATION

Account No.: _____ Salesperson: _____ Run: _____

Bill to: _____

Ship to: _____

Date Established: _____

Type of Ownership: Sole Ownership: _____
 Partnership: _____
 Corporation: _____

Social Security #: _____
 EIN #: _____
 Sales Tax License #: _____

Owner(s): _____

Phone: _____
 Fax: _____

Manager: _____

E-mail: _____

Mechanic: _____

Do you accept back-orders? Yes: _____ No: _____

A/P Contact: _____

No. of Lanes (if applicable) _____

CREDIT CARD PAYMENT OPTION

Type of Card: MasterCard Visa American Express Discover

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

NOTE: A 3% discount will automatically be deducted from our regular wholesale price on all invoices billed to a credit card.

<input type="checkbox"/>	CREDIT CARD
<input type="checkbox"/>	C.O.D. Until Credit Lie is approved
<input type="checkbox"/>	OPEN ACCOUNT
<input type="checkbox"/>	CREDIT LIMIT \$ _____



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SALES TAX EXEMPTION CERTIFICATE

Name of Seller or Lessor			
Bowlers' Supply, Inc.			
Street	City	State	Zip Code
2187 Pennsylvania Avenue	York	PA	17404
<p>Property and services purchased or leased using this certificate are exempt from tax because: (Check the corresponding block below and insert information requested).</p> <p><input type="checkbox"/> 1. Property or services will be used directly by purchaser in performing purchaser's operation of: _____</p> <p><input type="checkbox"/> 2. Purchaser is a/an: _____</p> <p><input type="checkbox"/> 3. Property will be resold under State Tax License Number _____ registered in the State of _____</p> <p><input type="checkbox"/> 4. Purchaser is a/an _____ holding exemption number _____</p> <p><input type="checkbox"/> 5. Property or services will be used directly by purchaser performing a public utility service.</p> <p><input type="checkbox"/> 6. Other: _____ (explain in detail)</p>			
<p>I am authorized to execute this Certificate and claim this exemption. Misuse of the Certificate by seller, lessor, buyer, or their representative is punishable by fine and imprisonment.</p>			
Name of Purchaser or Lessee	Signature	Date	
Street Address	City	State	Zip Code



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AFFIDAVIT OF FINANCIAL RESPONSIBILITY

I/We are the owners of _____

Located at _____

In the course of business operations, I/we purchase bowling supplies and equipment from Bowlers' Supply, Inc., 2187 Pennsylvania Avenue, York, PA 17404. In the event that I/we discontinue and/or terminate the above business and, at that time, there are any outstanding accounts due Bowlers' Supply, Inc. I/we guarantee said outstanding accounts will be paid and I/we recognize that I/we are liable for payment of said accounts. I/we also agree that I/we will be responsible to pay a 2% per month finance charge on any outstanding balance over 30 days, as well as any legal fees incurred in collection of the account balance.

Dated this _____ Day of _____ 20____

Name of Business (Please Print)

Name, Title (Please Print)

Owner (Signature)

Name, Title (Please Print)

Owner (Signature)

Name, Title (Please Print)

Owner (Signature)



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APPLICATION FOR BUSINESS CREDIT

Customer's Name: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner or Principal (1) _____ (2) _____

Years in Business: _____ Average Monthly Sales: _____

REFERENCES—(No Credit Card or Bank References)

Trade Reference: _____ Account #: _____

Address: _____ Phone: _____ Fax: _____

Trade Reference: _____ Account #: _____

Address: _____ Phone: _____ Fax: _____

Trade Reference: _____ Account #: _____

Address: _____ Phone: _____ Fax: _____

OPEN ACCOUNT TERMS: A 5% discount may be deducted if the total account balance is paid by the 10th of each month - Net Thirty (30) Days. Any balance not paid within Thirty (30) Days will be charged a 2% per month finance charge.

SIGNED BY: _____ Date ____ / ____ / ____

Owner or Title of Company Signee



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BOWLING CENTER ADDITIONAL INFORMATION

Number of Lanes: _____ Type of Pinsetter Machines: _____

Auto Scoring Type: _____

Glow Bowling Equipment: _____

Sound System: _____

Conditioning Machine _____

(Brand Name and Type)

Stripping Machine: _____

(Brand Name and Type)

Type of Lane Oil Used _____

(Brand Name and Type)

Type of Cleaner Used _____

(Brand Name and Type)

Lane Cloth for Machine _____

(Brand Name and Type)

Lane Cloth for Hand Lino Duster _____

(Brand Name and Type)