



5101 Dunlea Ct, Suite 204
Wilmington, NC 28405
TEL: 619.921.7419
FAX: 866.557.3918
Email: info@portcityapparel.com

NEW ACCOUNT TERMS PACKAGE

Welcome and thank you for choosing to become a member of the Port City Apparel.

Please complete the following forms to activate your account:

- * Account Information
- * Credit Card Information
- * Guarantee
- * Resale Certificate
(if you are doing business in California)

Please return completed forms to:

valerie@portcityapparel.com

OR



FAX #
866.557.3918



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NEW ACCOUNT INFORMATION

Please Note: Credit will not be approved until this application is completely filled out and submitted, along with a resale certificate card, if applicable.

Company Information:

Bill To:	<input type="text"/>	Ship To:	<input type="text"/>
Business Name:	<input type="text"/>	Business Name:	<input type="text"/>
Street/P.O. Box:	<input type="text"/>	Street/P.O. Box:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>
Fax:	<input type="text"/>	Fax:	<input type="text"/>

Please check this box if the ship to address is a Residential address:

Number of Years in Business:

If Corporation, What State:

Type of Business: CORPORATION PARTNERSHIP PROPRIETORSHIP

Corporate Officers, Partners or Proprietors - please provide an alternate address where we may reach you.

Name:	<input type="text"/>	Name:	<input type="text"/>	Name:	<input type="text"/>
Title:	<input type="text"/>	Title:	<input type="text"/>	Title:	<input type="text"/>
Street:	<input type="text"/>	Street:	<input type="text"/>	Street:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>
Home #:	<input type="text"/>	Home #:	<input type="text"/>	Home #:	<input type="text"/>
SS #:	<input type="text"/>	SS #:	<input type="text"/>	SS #:	<input type="text"/>

Sales Tax Resale Certificate #:

Federal Tax ID #:

Dun & Bradstreet #:

State:

Estimated Business with Port City Apparel over the next 12 months:

Credit Limit Needed:

FOR OFFICE USE ONLY

Customer Type: Level:

APPAREL ACCESORIES BOTH



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NEW ACCOUNT INFORMATION

Bank Information:

Name:	<input type="text"/>	Bank Contact Person:	<input type="text"/>
Street:	<input type="text"/>	Account No.:	<input type="text"/>
City:	<input type="text"/>	Phone:	<input type="text"/>
State:	<input type="text"/>	Fax:	<input type="text"/>
Zip Code:	<input type="text"/>		

Trade References:

Company 1:	<input type="text"/>	Company 2:	<input type="text"/>	Company 3:	<input type="text"/>
Account No.:	<input type="text"/>	Account No.:	<input type="text"/>	Account No.:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>	Phone:	<input type="text"/>
Fax:	<input type="text"/>	Fax:	<input type="text"/>	Fax:	<input type="text"/>

Permission is herewith granted to obtain credit information from all listed references, including my bank. All financial information submitted in support of this new account and credit application is true and complete in all respects. My account is subject to a late charge of 1.5% per month (18% per annum) on all past due items. Furthermore, I understand that my orders will not be shipped if my account is past due and any collection fees (including attorney fees) and related costs will be borne by my account. I assume personal and individual responsibility and liability, and guarantee payment of all charges due and payable to Port City Apparel.

Signature of Corporate Officer, Partner or Proprietor

Print Name

Title

Date

Please FAX a copy of your most recent financial statement to 866-557-3918

Any financial statement submitted with this application will facilitate the establishment of your account and will be relied upon by our company. Any such statements will be kept strictly confidential.



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CREDIT CARD INFORMATION

Bill To:	<input type="text"/>	Ship To:	<input type="text"/>
Business Name:	<input type="text"/>	Business Name:	<input type="text"/>
Street/P.O. Box:	<input type="text"/>	Street/P.O. Box:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>
Fax:	<input type="text"/>	Fax:	<input type="text"/>

Please check this box if the ship to address is a Residential address:

Name as printed on card:

Billing address for credit card:

Street:

City:

State:

Zip Code:

FOR OFFICE USE ONLY

PO#:

Total Charge:

CC Auth:

Credit Card No:


Expiration:


CV Code:


(3 or 4 digits on back/front of card after the number)

- Keep on file for future orders
- This PO only
- Pay these invoices

Type of Credit card:

Master Card 

Visa 

American Express 

Invoice to be paid:

I assume personal and individual responsibility and liability, and guarantee payment of all charges due and payable to Port City Apparel.
 All information listed will be kept strictly confidential.
 Please send us a photocopy of the card after form is submitted. FAX to: 866-557-3918

Signature of Card Holder

Print Name

Title

Date



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GUARANTEE

For value received, and the further consideration of any credit you may extend to

("Customer"), the undersigned hereby unconditionally guarantees the full and punctual payment to you of all indebtedness which the Customer has incurred or may hereafter incur for the purchase of merchandise from Port City Apparel.

The Company may at any time without consent of, or notice to, the undersigned, and without impairing or releasing the obligations of the undersigned hereunder:

1. Change the manner, place or terms of payment and/or change or extend the time of payment of, or renew or alter, any indebtedness of the Customer and/or any security therefore;
2. Sell, exchange, release, surrender, realize upon or otherwise deal with in any manner any property at any time securing the indebtedness hereby guaranteed;
3. Exercise or refrain from exercising any rights against the Customer or others (including the undersigned) or otherwise act or refrain from acting; and
4. Settle, compromise or subordinate any indebtedness hereby guaranteed or any security herefor.

This Guarantee is a continuing guarantee of payment and shall continue in full force and effect until such time as you shall receive from the undersigned written notice of its revocation. Such revocation shall not in any way relieve the undersigned from liability from an indebtedness incurred prior to the actual receipt by you of said notice.

This Guarantee is a primary obligation of the undersigned and the undersigned hereby waives any right at law or in equity to require that you exhaust your remedies against the Customer (or against any other person) and agrees that you may proceed directly against the undersigned for payment of any amount or amounts payable to you by the Customer whether or not any demand has been made upon the Customer.

No delay on your part in exercising any of your rights shall constitute a waiver thereof. No waiver of your rights, and no modification or amendment of this Guarantee, shall be deemed unless in writing.

This guarantee shall be binding upon the undersigned, his (her) legal representatives and successors and assigns and shall inure to your benefit and the benefit of your successors and assigns.

Signature:
Name (printed):

SSN: Date:

Signature:
Name (printed):

SSN: Date:

Street:
City:
State:
Zip Code:

Witness (signed):

Witness (signed):



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RESALE CERTIFICATE

I Hereby Certify:

1.I hold valid seller 's permit number:

2.I am engaged in the business of selling the following type of tangible personal property:

3.This certificate is for the purchase from of the item(s)I have listed in paragraph 5 below.
[Vendor 's name]

4.I will resell the item(s)listed in paragraph 5,which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations,and I will do so prior to making any use of the item(s)other than demonstration and display while holding the item(s)for sale in the regular course of my business.I understand that if I us the item(s)purchased under this certificate in any manner other than as just described,I will owe use tax based on each item 's purchase price or as otherwise provided by law.

5.Description of property to be purchased for resale:

6.I have read and understand the following: **Please check**

For Your Information A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention,demonstration,or display while holding it for resale)and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally,a person misusing a resale certificate for personal gain or to evade the payment of tax is liable,for each purchase,for the tax that would have been due,plus a penalty of 10 percent of the tax or \$500,whichever is more.

Name of Purchaser & Company

Signature of Purchaser,Purchaser 's Employee or Authorized Representative

Printed Name of Person Signing

Title

Address of Purchaser

Telephone Number

Date