



2050 S. Baker Ave.
Ontario, CA 91761
PH 909.390.8088 FX 909.390.0719

INSTOCK ACCOUNT APPLICATION

LEGAL NAME		DBA (Doing Business As)	
BILLING ADDRESS			
CITY		STATE	ZIP
WEB ADDRESS			
DATE ESTABLISHED	# OF EMPLOYEES	RESALE NUMBER (faxed copy required)	
CONTACT / BUYER		EMAIL	
PHONE		FAX	
A/P CONTACT		EMAIL	
PHONE (if different)		FAX (if different)	
HOW DID YOU HEAR ABOUT BEIMAR?		WHICH INDUSTRY MAGAZINE(S) DO YOU VIEW MOST? WHICH TRADESHOWS DO YOU ATTEND?	
TYPE:	HOME BASED SCREEN PRINT / EMBROIDERY PROMOTIONS / CORPORATE APPAREL RETAIL / ONLINE SALES	TERMS (instock only)	CREDIT CARD COD COMPANY CHECK COD MONEY ORDER /CASHIERS CHECK NET 30 limit \$
CREDIT CARD (VISA / MASTERCARD)		CARDHOLDER NAME	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		BILLING ADDRESS	
EXP	CVC (3 digits)	KEEP ON FILE FOR FUTURE ORDERS	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	City	State Zip
* Orders exceeding \$5,000+ may be subject to a minimum of 1.5% credit card fee.			

COD COMPANY CHECK and **NET 30** applicants must complete the Bank and Trade References below. Credit decision can take up to 10 business days. Fastest delivery for orders is to pay by credit card. All information provided will be held in strict confidentiality.

BANK NAME		TRADE REFERENCE #1	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE FAX		PHONE FAX	
ACCOUNT #		CREDIT LIMIT	TERMS
TRADE REFERENCE #2		TRADE REFERENCE #3	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE FAX		PHONE FAX	
CREDIT LIMIT		CREDIT LIMIT	TERMS

I, as an authorized representative of this company, authorize BEIMAR to contact our bank, credit bureaus and/or trade references to share credit account information. All information provided here is accurate. I have read and agreed to abide by Beimar's terms and conditions.

Authorized Representative Name Title Signature Date

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