

### BUSINESS CONTACT INFORMATION

Please complete all information requested. Signature is required, omissions will result in processing delays.

Company Name _____			Phone Number _____		
Your Name _____			Fax Number _____		
<b>Billing Address</b>			<b>Shipping Address</b>		
Street Address _____			Street Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____

### KEY CONTACTS

<b>Accounts Payable</b>			<b>Footwear Buyer</b>		
Name _____			Name _____		
Phone Number _____	e-Mail Address _____		Phone Number _____	e-Mail Address _____	

### BANK INFORMATION

Bank Name _____					
Bank Address _____				Account Number _____	
City _____	State _____	Zip Code _____	Type of Account _____		
Phone Number _____	Fax Number _____		Type of Account _____		

### TRADE REFERENCES

Company Name _____					
Address _____				Account Number _____	
City _____	State _____	Zip Code _____	Type of Account _____		
Phone Number _____	Fax Number _____		Type of Account _____		

Company Name _____					
Address _____				Account Number _____	
City _____	State _____	Zip Code _____	Type of Account _____		
Phone Number _____	Fax Number _____		Type of Account _____		

Company Name _____					
Address _____				Account Number _____	
City _____	State _____	Zip Code _____	Type of Account _____		
Phone Number _____	Fax Number _____		Type of Account _____		

### CREDIT AND BUSINESS TERMS

- All invoices are to be paid within terms from the date of the invoice
- Claims arising from shipments or invoices must be made within 10 business days
- By submitting this application you authorize Korkers to make enquiries to all entities listed as references

### SIGNATURES

Signature _____		Signature _____	
Name _____	Date _____	Name _____	Date _____