



Return Application To:
Neo Sports Athletics, LLC
P.O. Box 520418
Longwood, FL 32752

<u>A. APPLICANT</u>		
Legal Business Name: (List all Trade Names, DBA's; Subsidiaries)		
Current Street Address:	Mailing Address:	
City, State, Zip:	City, State, Zip:	
Phone:	Fax:	
Email:		
Ship to Address:		
Estimated Annual Sales:		
Contact Person for Account:		
Amount of Credit Requested:		
Type of Business:		
Years Business has been Operational:		
<u>B. BUSINESS INFORMATION (select one):</u>		
Owner:	SS#:	
Corporation/LLC		
President/Member:	SS#:	
Vice President/Member	SS#:	
Secretary/Member	SS#:	
Treasurer/Member	SS#:	
Partnership/ Limited Partnership		
Partner:	SS#:	
Partner:	SS#:	
Federal Tax Number:		
Sales Tax Exemption Certificate:	Yes (if yes, enclosed copy of certificate)	No

C. Authority for accountant to release financial information

In order for Neo Sports Athletics, LLC to process your application for finance, we may require additional financial information to be supplied by your accountant. To enable your accountant to release this information, could you please complete and sign this authority. This will ensure there are no unnecessary delays in processing your application.

FACSIMILE

(To be forwarded to Accountant from either the customer, or Neo Sports Head office)

Accountant Firm:		Accountant Phone:	
Contact:		Accountant Fax:	
Accountant Email:			

SUBJECT: Authority to release information (Application for Finance - Neo Sports Athletics Credit Limit)

Applicant Name: _____

Applicant Signature: _____

I/We have applied for Merchandising Credit from Neo Sports Athletics, LLC. This process may require additional financial information to process my/our application. If you (the accountant) receive a request from them, I/we authorize you to provide them with a copy of our financial statements and any other relevant information that they seek.



D. TRADE REFERENCES (List three references)

Company name: _____ Contact Name: _____

Address: _____

Telephone: _____

Company name: _____ Contact Name: _____

Address: _____

Telephone: _____

Company name: _____ Contact Name: _____

Address: _____

Telephone: _____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Neo Sports Athletics, LLC to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Statements are rendered as of the (TBD) C.O.D. restrictions may be placed on any past due account.

CREDIT TERMS: All invoices are due (Net 30). A service charge of one and one half percent (1 ½% per month), or (18% per annum) or the highest legal rate, whichever is less may be assessed on delinquent invoices.

VENUE: All amounts due for purchases from Neo Sports Athletics, LLC are payable at P.O. Box 520418, Longwood, FL 32752. It is further agreed that this agreement is entered into in the state of Florida and is governed by the laws of the state of Florida, USA

CHANGE OF OWNERSHIP: I/We understand that we must notify Neo Sports Athletics, LLC in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY

Name _____

By: _____

Title _____

By: _____

Title _____

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

_____	_____	_____
Sign Name	Print Name	Date

PERSONAL GUARANTEE

For valuable consideration, the receipt of which is acknowledged, including but not limited to the extension of credit by Neo Sports Athletics, LLC to _____ the undersigned, individually, jointly and severally, unconditionally guarantee(s) to Neo Sports Athletics, LLC the full and prompt payment by _____, of all obligations which Guarantor presently or hereafter may have to (Neo Sports Athletics, LLC) and payment when due of all sums presently or hereafter owing by Guarantor to (Neo Sports Athletics, LLC) Guarantor agrees to indemnify (Neo Sports Athletics, LLC) against any losses (Neo Sports Athletics, LLC) may sustain and expenses (Neo Sports Athletics, LLC) may incur as a result of any failure of Guarantor to perform including reasonable attorneys' fees and all costs and other expenses incurred in collecting or compromising any indebtedness of debtor guaranteed hereunder or in enforcing this guaranty against guarantor. This shall be a continuing Guaranty. Diligence, Demand, Protest or notice of any kind is waived. It shall remain in full force until guarantor delivers to (Neo Sports Athletics, LLC) written notice revoking it as to indebtedness incurred subsequent to such delivery. Such delivery shall not affect any of guarantors obligations hereunder with respect to indebtedness heretofore incurred.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

_____	_____	_____
Sign Name	Print Name	Date
_____	_____	_____
Sign Name	Print Name	Date

Witness