



For office use:

Customer # _____	Routing: CS Mgr _____
Trade Code: _____	Credit _____
Cust Class: _____	CS _____
Sales Person: <b>K Ross Co</b> _____	Mktg _____
P Code: _____	
Terms: _____	VP Approval _____

7001 Wooster Pike, Medina, OH 44256  
PH: 330-722-5033 \* FAX: 330-722-5037

We must have the following information to extend open account credit terms. Information provided will be kept confidential. Providing fax numbers will expedite the credit review.

**NEW ACCOUNT SET UP and CREDIT APPLICATION – PAGE 1**

**This application must be completed, submitted, and approved prior to the acceptance of any purchase orders.**

Company Name: \_\_\_\_\_

Legal or Corporate Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact/Merchandiser/Buyer Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Accounts Payable Contact Name: \_\_\_\_\_

Tax Exempt: YES / NO (circle one) If Yes, please attach completed tax exempt/resale certificate.

Please check one:  Individual  Corporation  Partnership  Other - please specify: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Duns # \_\_\_\_\_

Full name of owner or authorized officer of the company: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Types of Shipments on Purchase Orders: Warehouse / Drop Ship / Both

Freight Payment Terms: Prepaid and Add / Collect / Third Party Bill

Third Party Freight Shipment Provider: \_\_\_\_\_

Third Party Freight Shipment Account Number: \_\_\_\_\_

Third Party Freight Shipment Bill To Zip Code: \_\_\_\_\_

Are you applying for payment terms with Foundations Worldwide, Inc.?

Yes. Banking information and trade references are attached or provided on page 2 of application

Yes. However, to expedite the first order we will pay in advance

No. We prefer to pay in advance on all Purchase Orders

Method of payment (circle one): VISA MasterCard Wire Transfer

Company Check (we understand it must clear prior to shipment)

**FOUNDATIONS WORLDWIDE, INC.**  
**NEW ACCOUNT SET UP and CREDIT APPLICATION – PAGE 2**

What is your SIC Code: \_\_\_\_\_  
 What is your Class of Trade: \_\_\_\_\_  
 What is your Business Model: \_\_\_\_\_

In order for us to better understand your business, please check all the methods below that apply to how you market and sell our products:

YES _____ NO _____ % _____	<b>Retail Stores</b> % of Sales Derived from Retail locations. If Yes, how many locations? Names of All Stores: _____ _____	YES _____ NO _____ % _____	<b>Website Sales</b> % of Sales Derived from Website Orders? Names of all Websites: _____ _____
YES _____ NO _____ % _____	<b>Catalog Sales</b> % of Sales Derived from Catalog Orders? If Yes, how many pages per average catalog? If Yes, how many copies are mailed annually? Names of Catalogs: _____ _____	YES _____ NO _____ % _____	<b>Other Resale Venues</b> % of Sales from these other resale venues? Please describe: _____ _____

**Trade References**

Please provide a minimum of three references . Providing fax numbers will expedite the credit review.

- |  |  |
|--|--|
| 1. Name _____<br>Address _____<br>City _____<br>State _____ Zip Code _____<br>Telephone No. _____<br>Fax No. _____ | 2. Name _____<br>Address _____<br>City _____<br>State _____ Zip Code _____<br>Telephone No. _____<br>Fax No. _____ |
| 3. Name _____<br>Address _____<br>City _____<br>State _____ Zip Code _____<br>Telephone No. _____<br>Fax No. _____ | 4. Name _____<br>Address _____<br>City _____<br>State _____ Zip Code _____<br>Telephone No. _____<br>Fax No. _____ |

**Bank Reference**

Name of Bank \_\_\_\_\_ Bank Officer Name \_\_\_\_\_  
 Address \_\_\_\_\_ Bank Officer Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ Acct # \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Other Accts \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the company to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Print, fill out and fax or mail this form to:**  
**Foundations Worldwide, Inc., 7001 Wooster Pike, Medina, OH 44256 \* FAX: 330-722-5037**