

Reality Check Sports
Account Application
323 Corban Ave. SW, Suite 504 Concord, NC 28025
704-794-6620 704-794-6632-fax

SalesRep# _____ Acct # _____

Company Name _____

Corporate Name (if different) _____

Billing Address _____

Street Address _____

City _____ ST _____ Zip Code _____

Phone _____ Fax _____

Email Address _____ Website _____

Federal ID # _____ DUNS# _____

Owner Name _____ Title _____

Additional Owner/Partners _____ Title _____

Date Established _____ Type of Business _____

Check all that apply: Corporation, LLC, General Partnership, Sole Proprietorship

Trade References _____ Phone # _____
Address _____ City _____ ST _____ Zip _____

Trade References _____ Phone # _____
Address _____ City _____ ST _____ Zip _____

Bank References _____ Phone # _____
Address _____ City _____ ST _____ Zip _____

Account Officer _____ Acct # _____

**I would like to apply for NET 30 Terms _____ **I prefer to use a Credit Card for each order _____

Credit Card only accounts – Card # _____ expiration _____

Name on Card _____

Billing address if different _____

I have talked with a RCS Sales Rep _____ (name of rep)

I authorize the above mentioned bank and credit references to release the information requested to Reality Check Sports Inc., Concord, NC regarding my company. In addition, I authorize that all service charges for this information be waived.

Signature _____ Date _____