



529 Rollins Ind. Blvd Ringgold, GA 30736
 ahenricks@happyfeetint.com
 PH: 706.937.2500
 FAX: 706.937.2580

NEW ACCOUNT CREDIT INFORMATION

HAPPY FEET SALESMAN NAME:

Title:		Order Confirmation E-mail:	
Company Name:		Accounts Payable E-mail:	
Billing Address:			
City:		State:	ZIP Code:
Ship to Address:			
City:		State:	ZIP Code:
Corporation:	Partnership:	Sole Proprietorship:	LLC:
Phone:	Fax:		

OWNER/OFFICERS

Name/Title:		Name/Title:	
Home Address:		Home Address:	
City/State/Zip:		City/State/Zip:	
Social Security:		Social Security:	
Federal ID #:		Sales tax ID:	
Bank Reference:		Bank Officer:	
Bank Name:		Bank Phone:	
Bank Address:			
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings:			
Checking:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			



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Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Happy Feet International to make inquiries into the banking and business/ trade references that you have supplied.
4. By submitting this application, you agree to submit to the jurisdiction of the Superior Court of Catoosa County, Ga in the event of any dispute which may arise out of any transaction between Happy Feet International and yourself or your Corporate entity.
5. My signature indicates that I have received a copy of the Terms and Conditions as set forth by Happy Feet International.

Signature:

Date:

Name and Title:

Date:

Credit Line Requested:

PLEASE NOTE: BUSINESS/ TRADE REFERENCES FROM Shaw®, Mohawk®, OR OTHER COMPARABLE COMPETITORS ARE NOT ACCEPTED. THEY WILL NOT GIVE REFERENCES TO COMPETITORS.

E-Commerce Customers: Any customer that intends to market the Happy Feet Brand, style names and colors must comply to our MAP policy and pricing. Please contact your Happy Feet Representative for MAP pricing.

Signature: _____

Date: _____