



To set up an account with Capstone, simply complete the Credit Card Authorization form and/or the Credit Application on the following pages and fax it to **213-747-1028**. Then, find and contact your A4 Account Manager below for program details and your special A4 promo code.

Find Your A4 Account Manager

Territory	Name	Email	Phone
Florida, Southern GA	Andy Berg	aberg@a4.com	407-961-1799
AZ, NM, CA – San Diego, Riverside, Orange, Imperial Counties	Anthony Johnson	ajohnson@a4.com	619-346-2213
Eastern PA, NJ, MD, DE, VA, CT, NY	Colin Noonan	cnoonan@a4.com	443-280-1623
TX, LA	David Hill	dhill@a4.com	314-541-9169
NV, UT, CO, CA – San Bernardino County	Greg Vanover	gvanover@a4.com	909-615-6903
TN, MS, AL, NC, SC, North and Central GA	Jerry Binder	jbinder@a4.com	407-702-7602
Oregon, CA – All counties from L.A. North	John DuBois	jdubois@a4.com	626-532-2806
KY, OH, WV, Western PA, IN Central and Southern, IL, MO	Jeff Noser	jnoser@a4.com	636-517-1316
NE, KS, OK, AR, IA, MO	Rob Jones	rjones@a4.com	816-719-8929
MN, WI, MI, IL, IN	Tony Leonardi	tleonardi@a4.com	630-267-8415



Brought to
you by **A4**

Credit Card Authorization Form

Thank you for your order!

For your convenience we accept Visa, MasterCard or AMEX.

Please complete this form & fax back to **Capstone @ (213) 747-1028**.

Company Name: _____

Business Address: _____

Card Name: _____

Billing Address: _____

Phone #: _____

Card #: _____

CVC#: _____

Exp. Date: _____

Signature: _____

***Must be signed...digital signature is not accepted.**

***** By signing this credit card authorization form I (person signing form) give Capstone permission to charge all of my orders on this credit card. Capstone will continue to charge on this credit card until further notice in writing.**

1800 S. Flower Street
Los Angeles, CA 90015
(P) 888-551-8311 (F) 213-747-1028



Application for Credit

Date _____

Company Name _____ Parent Branch

Public _____ Private _____

Parent Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Accounts Payable Contact _____ Resale Permit # (please attach a copy) _____

Federal Tax ID # _____ ASI# _____

Nature of Business _____ Established _____

Type of Business: Corporation _____ Partnership _____ Sole Owner _____ Other _____

Officer(s)/Owner(s) Names

Name _____ Title _____

Home Address _____ City/State/Zip _____

Phone _____ fax/mobile _____

Name _____ Title _____

Home Address _____ City/State/Zip _____

Phone _____ fax/mobile _____

Name _____ Title _____

Home Address _____ City/State/Zip _____

Phone _____ fax/mobile _____

Bank References

Name _____ Account # _____

Address _____ City/State Zip _____

Contact _____



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Trade References Continued

- 1. Name _____ Contact _____
 Phone _____ Fax _____
- 2. Name _____ Contact _____
 Phone _____ Fax _____
- 3. Name _____ Contact _____
 Phone _____ Fax _____

Credit, Payment and Collection Terms

Invoices from Capstone Headwear, Inc. are payable within 30 days of receipt, on approved credit. 1.5% interest per month will be charged on any balances unpaid after 30 days.

You authorize Capstone Headwear, Inc. to obtain a credit report from a credit-reporting agency in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of your account. Upon your request, we will inform you of the name and address of each reporting agency from which we obtained a report relating to you.

In any action to enforce the terms of this agreement the applicant agrees to pay any necessary attorney's fees, court costs and the maximum interest allowable by law. No lawsuits pertaining to any matter arising under or out of this agreement shall be instituted in any other state than the state of California, Capstone Headwear, Inc.'s principle place of business.

All sales must be pre-paid by cash or check until credit is approved. Credit Card transactions shall be subject to a 3% service charge. After credit approval, each applicant shall be notified in writing and shall have the right to use this account to the extent of any credit limit that we set.

By signing below you certify that all the information provided in this application is true and correct, you are authorized to sign this application on behalf of the applicant and you agree to be bound by the terms and conditions set forth. You understand that Capstone Headwear, Inc. will consider a fax copy of this application an original.

Signed _____ **Title** _____ **Date** _____

Personal Guarantee

In consideration of Capstone Headwear, Inc. extending credit to us, I/we do hereby agree to pay for all goods and services supplied to us and guarantee prompt payment of all invoices when due. I/ we agree jointly and severally to personally guarantee all indebtedness to Capstone Headwear, Inc and in the event this account is placed for collection or suit instituted to collect same, I/we promise to pay all costs of collection including reasonable attorney fees and hereby waive my/our privilege of being sued in the County of our residence and agree that no lawsuits pertaining to any matter arising under or out of this agreement shall be instituted in any other state than the State of California, Capstone Headwear, Inc. principle place of business.

Signed _____ **Title** _____ **Date** _____