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NEW ACCOUNT APPLICATION

Complete this form and submit with the R2G Sports Credit Card Authorization Form

COMPANY NAME _____

(d/b/a) TRADE NAME _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____ E-MAIL _____

FORM OF ORGANIZATION

CHECK ONE - CORPORATION PARTNERSHIP PROPRIETORSHIP FED Tax ID # _____

Length of Time in Business _____ Have you ever filed for bankruptcy? If yes when? _____

CORPORATE OFFICER / GUARANTOR / PROPRIETOR INFORMATION

NAME _____ TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____ E-MAIL _____

BANKING INFORMATION

BANK NAME _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____ ACCT # _____

Please be sure to sign this application and attach your Resale Certificate. Thank you.

SIGNED _____ TITLE _____ DATE _____



::: CREDIT CARD AUTHORIZATION FORM :::

Please consider this form authorization to place our credit card number(s) on file. As the credit card holder, I authorize R2G Sports to charge my credit card for future purchases verbally approved by me or an authorized representative of our company. This authorization will be valid until the credit card expiration date or until notice is provided, in writing, to R2G Sports stating otherwise.

Company Name: _____

Authorized Representative Name: _____

Method of Payment : []  []  [] 

*Card No. _____

*Expiration. _____ / _____ *CVV No. _____

Name of Cardholder: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Signature: _____

**Please fax this form to 215-641-0204 or e-mail to
info@r2gsports.com Thank your for your business**

R2G SPORTS

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