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## N7 PROGRAM APPLICATION INSTRUCTIONS

Directions on how to complete the Nike Account application and Agreement form.

**Please complete the sections of the form listed below.**

### Page 1

1. **Applicant's Legal Business Name** - Community or health program name
2. **Billing address** - Location invoices should be mailed
3. **Retail Outlet (Ship To) Address** - Location products should be shipped (This can be the same as your billing address)
4. **Email, Phone & Fax #'s** - Enter your email address, contact phone and fax of the individual that will be placing the orders
5. **Started Business Date** - Date your program was created
6. **Legal Organization Type** - Check Proprietorship or Partnership box
7. **A/P Contact** - Accounts Payable at band office or health program office
8. **Ownership Information** - Please list at least (2) people responsible for this account (Health Director, Health Promotions Coordinator, A/P person, etc). **Include only name, title, phone number & email address.** SIN is not required.
9. **Do you operate from Owned or Leased premises** - check one
10. **Have any of the company's principals previously filed for bankruptcy?**
11. **Bank References** - Enter bank name and details
12. **Industry Trade References** - At least two references must be entered. If possible add a third reference below the other two. This will speed up the approval process. (Medical office supplies, office supplies, food vendor, etc.)

### Page 2

Terms and Conditions - Must be signed or an account can not be created. (Include both pages of this document when submitting application.)