

BILLING INFORMATION

Please select program <input type="checkbox"/> Payroll Deduction Reporting <input type="checkbox"/> One-Time Use Shopping Cards		(optional) <input type="checkbox"/> Pre-pay Account	<input type="checkbox"/> Currently receives STS Discount Coupons
Full Legal Business Name		# of locations ____	# of total employees ____
DBA or AKA		If Subsidiary, Name of Parent Company	
Address	City	State	Zip Code
Billing Address (if different from above)	City	State	Zip Code
Business Phone	Email		
Primary Contact		Primary Contact Phone Number	
Secondary Contact		Secondary Contact Phone Number	
Estimated Annual Card Purchases (required for credit purposes)	In Business Since	State of Formation	Federal ID Number <input type="checkbox"/> Require Weekly Reporting

BUSINESS INFORMATION

Business Segment (please check one)		Company Type (check all that apply)	
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Auto Maintenance	<input type="checkbox"/> Corporation	<input type="checkbox"/> Franchise Owner
<input type="checkbox"/> Hotel	<input type="checkbox"/> Health Care	<input type="checkbox"/> Sole Proprietorship	_____
<input type="checkbox"/> Grocery	<input type="checkbox"/> Education	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Managed Food Service	<input type="checkbox"/> Other _____	_____	
Please indicate how you heard about our programs:			
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Payless Store	<input type="checkbox"/> Referral	<input type="checkbox"/> Website <input type="checkbox"/> Tradeshow <input type="checkbox"/> Other _____

BANK AND TRADE REFERENCES

Bank Name	Contact	Dun & Bradstreet Number	attach additional sheets if necessary	
Bank Address	City	State	Zip Code	Phone Number
Routing No. (for payment purposes)		Checking Acct. No.		
Trade Reference Name	Contact	Phone Number		
Trade Reference Address	City	State	Zip Code	

AUTHORIZATION TO CHARGE AND PROMISE TO PAY

The applicant, above, agrees to pay Payless ShoeSource Gold Value, Inc. (PSS) for all purchases made in accordance with these terms which shall supersede any purchase order terms to the contrary. PSS will send applicant company an invoice for any purchases made pursuant to this gift card charge account. Payment is due 30 days after the date of the invoice. Interest may be assessed at the lesser of (a) 1 1/2% per month (18% annually) or (b) the maximum allowable by state law on all balances not timely paid. PSS reserves the right in its sole discretion to cancel applicant's right to charge pursuant to this Gift Card account at any time by giving written notice to the applicant at its billing address. The applicant agrees the sale of gift cards occurs in Topeka, Kansas, is controlled by Kansas law, and exclusive jurisdiction is in Courts located in Shawnee County, Kansas. Applicant authorizes and requests each bank and trade reference to advise PSS on its credit history and record, and authorizes PSS to obtain credit reports. Applicant will pay all costs and expenses of collection of delinquent amounts, including attorney fees. Applicant agrees to notify PSS of changes in any of the above information. This agreement may be subject to further terms and conditions located at www.payless.com.

Applicant Signature Required (Officer or Authorized Signature)	Title	Date
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ACCOUNT INQUIRIES AND CONTACT INFORMATION

Signed applications and orders can be submitted by mail, fax, or email to: Payless ShoeSource Gold Value, Inc. Corporate Sales, P.O. Box 3596, Topeka, KS 66601
 Fax: 1-785-368-7504 Email: corpsales@payless.com Phone: 1-800-231-9415, Option #1

All Applicants Must Fill Out

All Applicants NOT Pre-Paying