

# Credit Application

To: (Publisher/Vendor) \_\_\_\_\_

From: (Store Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accounts Payable Contact Owner \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Taxpayer ID (Resale) \_\_\_\_\_ #SAN \_\_\_\_\_

## Bank Information

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

## Credit References

Company Name \_\_\_\_\_

Account # \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Account # \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Account # \_\_\_\_\_ Phone \_\_\_\_\_

We authorize the above listed references to release credit information concerning our account. We agree to conform to the published terms of the Vendor and to pay all collection expenses incurred by the Vendor in collecting past due amounts.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_