



Credit Application

1130 Fenway Circle

Order Line: 800-421-6645

Fenton, MI 48430-2641

Fax: 810-714-2077

Phone: 810-714-4280

Last Revised November 8, 2007

1) **NAME OF BUSINESS:** _____ **EMAIL:** _____
ADDRESS: _____ **BUSINESS FAX:** _____
 _____ **BUSINESS PHONE:** _____
CITY & STATE: _____ **POSTAL CODE:** _____
 Is Business Personally Owned, Corporation, Partnership, or Other: specify _____

2. **Nature of Business?** (Check all that apply)
 general bookstore religious bookstore church bookstore church book table school
 internet catalog distributor book fair sales other, specify _____

3. **Years in Business?**
 A. Is this a new business? Yes No Amount of capital available _____
 B. Established business? Yes No How long? _____ years Sales per year _____
 Approximate value of stock _____

4. **Business References?** Please furnish three business credit references, preferably book publishers, from whom you are already buying at a discount. (Please don't include companies that require you to prepay.)

BUSINESS	PHONE	ACCOUNT #	For how long	Discount allowed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. **How is Most of Your Business Done?** Over the counter by mail catalog internet
 personal solicitation or canvassing with general public students fairs and conventions
 members of church other, specify _____

6. **Where is Your Business Located?** commercial building, domestic dwelling, church, or school?

7. **Miscellaneous Business Details**
 DO YOU own or rent your place of business?
 DO YOU have a license as a retail business? Federal Tax ID # _____
 DO YOU have a store front with sign visible from street?

8. **Employees**
 How many full time employees do you employ? _____
 How many part time employees do you employ? _____
 How many hours per week are you open to the public? _____
 Business Hours: _____

9. **Banking Information:**
 Name of Your Bank: _____
 Address: _____
 Personal Contact at Bank: _____ Phone: _____

DATE: _____ **SIGNED:** _____
PRINTED NAME: _____