



CREDIT APPLICATION

Date _____

Establish Account as Returnable Non-Returnable
 Preferred Shipping Method: UPS FedEx Collect# _____

BUSINESS CONTACT INFORMATION			
Company Name:		Federal Tax ID#:	
Billing Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Physical Address:			
City:		State:	Zip Code:
Website:			
# of Years in Business:	Firm is a: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
Accounts Payable Manager:			
Phone:	Fax:	Email:	
Buyer's Name:			
Phone:	Fax:	Email:	

PROPRIETORS, PARTNERS, OR OFFICERS			
1. Name:		Title:	SSN:
Home Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
2. Name:		Title:	SSN:
Home Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
3. Name:		Title:	SSN:
Home Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	

BANK REFERENCE			
Name:		Account Number:	
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	

BUSINESS/TRADE REFERENCES



Please provide four Business/trade references with whom you have done business within the past two years. Please include the company name, complete address, phone number, fax number and your account number.

1. Company Name:		Account Number:	
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
2. Company Name:		Account Number:	
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
3. Company Name:		Account Number:	
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
4. Company Name:		Account Number:	
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	

MASTERCARD/VISA/DISCOVER PAYMENT INFORMATION			
Note: Orders on new accounts require prepayment until credit terms have been established. Please provide Mastercard, Visa, or Discover information below.			
Account Number:			
Expiration Date:		Security Code (on back of card):	
Billing Name:		Phone:	
Billing Address:			
City:		State:	Zip Code:

AGREEMENT	
The above information is true and correct to my knowledge and is submitted in order to secure credit. I understand and agree to the stated terms of sale and return policy. By submitting this application, you authorize Peachtree Publishers to make inquiries into the banking and business/trade references that you have supplied.	
Signature:	Date: