



# CONFIDENTIAL CREDIT APPLICATION

STORE NAME \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_

AFFILIATE COMPANIES/NAME(S): \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP / POSTAL CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SHIP TO ADDRESS (IF DIFFERENT FROM BILL TO:) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RETAILER  WHOLESALER  MAIL ORDER  OTHER BUS. HRS: \_\_\_\_\_ NO. DAYS OPEN: \_\_\_\_\_ EVES. CLOSED \_\_\_\_\_ DAYS CLOSED \_\_\_\_\_

SALES TAX NO. \_\_\_\_\_  CORP: STATE OF INC. : \_\_\_\_\_ MONTH/YR/ INC. \_\_\_\_\_ FED. IN. NO. \_\_\_\_\_

OFFICERS OF CORPORATION: \_\_\_\_\_ PRES.: \_\_\_\_\_ V.P.: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF RETAIL LICENSE/CERTIFICATE\*** TRES.: \_\_\_\_\_ SEC.: \_\_\_\_\_

PARTNERSHIP  SINGLE PROPRIETORSHIP (DBA)  TAX EXEMPT

LIST FULL NAMES / ADDRESSES / PHONE NOS. / SOC. SEC. NOS. OF EA. PARTNER/OWNER

FULL NAME: \_\_\_\_\_ TITLE \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

FULL NAME: \_\_\_\_\_ TITLE \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

FULL NAME: \_\_\_\_\_ TITLE \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

HAVE YOU OR ANY OF THE ABOVE PRINCIPALS HAD A BUSINESS FAILURE OR BANKRUPTCY?  NO  YES IF YES, ATTACH EXPLANATION.

NUMBER OF EMPLOYEES: FULL TIME: \_\_\_\_\_ PART TIME \_\_\_\_\_  OWN BUILDING  RENT SPACE

STORE SIZE: \_\_\_\_\_ SQ. FT. SALES VOLUME: ANNUAL LAST YEAR \$ \_\_\_\_\_ PROJECTED THIS YEAR \$ \_\_\_\_\_

If your store is an e-commerce store, please complete the following questions:

1. Web Address: \_\_\_\_\_ 4. What method will you use to submit orders to Appalachian? \_\_\_\_\_

2. Hosting Service Provider \_\_\_\_\_ 5. What search engines are you registered with? \_\_\_\_\_

3. Name of chief technical officer \_\_\_\_\_ 6. What is your primary form of advertising for your site? \_\_\_\_\_

IS YOUR STORE IN A COMMERCIALY APPROVED ZONE?  YES  NO DO YOU HAVE A PERMANENT OUTDOOR SIGN?  YES  NO

BACKORDERS  YES  NO  COMBINE WITH ORDERS

MANAGER \_\_\_\_\_ ACC. PAYABLE MGR. \_\_\_\_\_

NEW BUS. / OWNERSHIP EST. (WHEN) \_\_\_\_\_ DOLLAR AMOUNT OF INVENTORY: \_\_\_\_\_ DESIRED CREDIT: \$ \_\_\_\_\_

BANK \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ BANK PHONE ( ) \_\_\_\_\_

YOUR BANK ACCOUNT NAME \_\_\_\_\_ ACCT. NO. \_\_\_\_\_ OTHER ACCT. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ BANK FAX ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

**AUTHORIZATION TO RELEASE CREDIT INFORMATION:** Many organizations will not release credit information without the customer's signature. Please sign below. This will expedite opening your account. I authorize any bank, credit bureau, credit organization, or company to give any information it has on its records on me or my business, or on the officers of the company, if deemed necessary, to use in opening an account for me. A facsimile of this authorization shall be as valid as the original and a copy is available to the applicant upon request. It is valid for two years from this application date. The undersigned also agrees to accept responsibility for all additional fees and costs involved in collection of past due balances and certifies that there is currently no litigation pending against us. This application is made by Buyer to induce seller to extend credit to Buyer for the purpose of purchasing goods on open account. The undersigned, under penalty of perjury, swears that, all information contained in this application is true and correct.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

A RETURNED CHECK WILL RESULT IN AN ADDITIONAL CREDIT ASSESSMENT AND SUBSEQUENT CERTIFIED CHECK OR MONEY ORDER STATUS.

**I HEREBY PERSONALLY GUARANTEE THE PAYMENT OF THE ACCOUNT DESCRIBED ABOVE**

SIGNED \_\_\_\_\_ SS# \_\_\_\_\_ DATE \_\_\_\_\_

Acct. #	PLACE WHERE CREDIT IS NOW BEING EXTENDED:		
_____ Abingdon Press	_____ Carpentree	_____ Moody Publishing	
_____ Anchor/Whitaker House	_____ Christian Publications	_____ Nelson Word	
_____ Augsburg Fortress	_____ Crossway	_____ Northwestern Products	
_____ Baker Book/Bethany House	_____ Dayspring	_____ Standard	
_____ B.B. Kirkbride	_____ Dicksons	_____ Tyndale House	
_____ Bible Games	_____ Gospel Light	_____ Zondervan	
_____ Broadman Holman	_____ Harvest House		
_____ Brownlow	_____ Ingram/Spring Arbor		

ADDITIONAL REFERENCES MAY BE LISTED ON A SEPARATE SHEET. Please Include Contact Information.

**FAX # 800.759.2779**

Store Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 506 JOHNSON CITY TN

POSTAGE WILL BE PAID BY ADDRESSEE



PLACE AN **X** IN THE BOX TO INDICATE SERVICE DESIRED

- BEST SELLER LIST BY CLASSIFICATION** ..... **\$50.00**  
Products ranked by sales in their classification. Great tool for NEW STORE OPENING.
- INVENTORY CONTROL TAGS** ..... **3¢ Ea.**  
Provides retail price and re-order information.
- SERVANT SOFTWARE** ..... **\$99.95**  
Appalachian's search and order database system ..... **\$27.50/mo**
- SET UP TO ORDER ELECTRONIC** ..... **NO CHARGE**  
Give us your SAN # \_\_\_\_\_ and contact person \_\_\_\_\_
- SET UP TO USE APPALINK (Internet ordering)** ..... **NO CHARGE**
- CALL ME WITH MONTHLY SPECIALS**

Your name: \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_