

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 COMMERCIALLY 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.

X 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

X SIGNED: _____ SS# _____ DATE _____

PLACE WHERE CREDIT IS NOW BEING EXTENDED: (we will need at least 3 credit references)

Acct. # _____	Abingdon Press	_____	Carpentree	_____	Nelson Word
_____	Anchor/Whitaker House	_____	Crossway	_____	Northwestern Products
_____	Augsburg Fortress	_____	Dayspring	_____	Tyndale House
_____	Baker Book/Bethany House	_____	Dicksons	_____	
_____	B.B. Kirkbride	_____	Gospel Light	_____	
_____	Bible Games	_____	Harvest House	_____	
_____	Broadman Holman	_____	Ingram/Spring Arbor	_____	
_____	Brownlow	_____	Moody Publishing	_____	

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

FAX # 800.759.2779