



2325 Jarco Drive, Holt, Michigan 48842
517-694-3205 800-336-3137
FAX Number: 517-694-2208

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ SANS: _____

Accounts Payable Contact Person: _____

Authorized Buyer(s): _____

Type of Company: Sole Proprietor _____ Partnership _____ Corporation _____

Name(s) of Principals: _____

Home Address: _____

Home Telephone: _____

Requested credit limit: _____ Years in business: _____

Sales Tax ID Number: _____ **please attach copy**

Bank Reference(s):

Bank Name: _____ Account Number: _____

Address: _____

Telephone: _____ Contact Person: _____

Bank Name: _____ Account Number: _____

Address: _____

Telephone: _____ Contact Person: _____

Trade References:

1. Name: _____ Account Number: _____
Address: _____
Telephone: _____ Contact Person: _____
FAX: _____

2. Name: _____ Account Number: _____
Address: _____
Telephone: _____ Contact Person: _____
FAX: _____

3. Name: _____ Account Number: _____
Address: _____
Telephone: _____ Contact Person: _____
FAX: _____

Accounts requesting a credit limit of \$10,000.00 or more must include financial statements. If financial statements are not available, a personal guarantee is required.

Financials Enclosed: Yes _____ No _____
Have you filed bankruptcy in the last five years? Yes _____ No _____

Past Due Accounts:

Past due accounts are not eligible for quantity discounts or freight incentives. Accounts with past due balances may be subject to a finance charge of not more than 1½% per month, as well as any collection fees that are incurred.

I verify that I have read and accepted all terms and conditions of sales and that, to the best of my knowledge, the information supplied in this application is true. Further, I consent to Partners Book Distributing, Inc. obtaining consumer and/or commercial credit reports as may be required for the purpose of establishing and maintaining credit with Partners Book Distributing, Inc.

Signed: _____ Date: _____