



CREDIT APPLICATION

Account Name		Parent Co. (If subsidiary)	
Contact Name		Contact Email Address	
Business Street Address			
City	State	Zip	
Phone Number	Fax Number	Website Address	
At Present Location Since:	Type of Business: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Other _____		
In Business Since:	Incorporated in: (STATE)	<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC
Federal I.D. Number		Reseller I.D. Number DUNS Number	
Trade References – minimum one trade reference required			
Company Name		Contact Name	
Phone Number	Fax Number	Email Address	
Company Name		Contact Name	
Phone Number	Fax Number	Email Address	
Company Name		Contact Name	
Phone Number	Fax Number	Email Address	

I certify that the above listed information is correct and authorize The BookMasters Group to make any credit inquiries.

 PRINT NAME TITLE

 AUTHORIZED SIGNATURE DATE