

Application for Invoiced Wholesale Account — Credit Information

Company Name _____ State Resale Tax Number _____
Street _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Ownership (Indicate if corporation, partnership, etc.) _____
Owner(s) _____
Type of Business (catalog, retail store, number of locations) _____

In Business Since: _____

Credit References

1. Business Bank Account:

Bank Name/Branch _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____

2. Please supply names and contact information for four (4) major suppliers with whom credit has been established.

Company _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____

Company _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____

Company _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____

Company _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____

3. I, the undersigned, give permission for The Critical Thinking Co.™ Books & Software to contact the above credit sources for account and payment information.

Signature _____ Date _____

Please Return via Mail or Fax to:
The Critical Thinking Co.™ • 1991 Sherman Ave., Suite 200 • North Bend, OR 97459
Fax: 541-756-1758