

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 Critical Thinking Books & Software to contact the above credit sources for account and payment information.

Signature _____ Date _____