

Application for Invoiced Wholesale Account — Credit Information

Company Name _____
Street _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

State Resale Tax Number _____
Ownership (Indicate if corporation, partnership, etc.) _____
Owner(s) _____
Type of Business (catalog, retail store, website) _____

In Business Since: _____

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

Credit References

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 # _____
E-mail _____

Company _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____
E-mail _____

Company _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____
E-mail _____

Company _____ Account # _____
Address _____ Telephone # _____
City/ST/Zip _____ Fax # _____
E-mail _____

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

Signature _____ Date _____