



APPLICATION FOR CREDIT

Thank you for your interest in our books. To expedite the establishment of your account, please complete and return this form. Thank you. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Company Name _____
 Owners _____
 Principal Officers _____
 Accounts Payable _____
 Mailing Address _____ CITY/ST/ZIP: _____
 Shipping Address _____ CITY/ST/ZIP: _____
 Phone # () - Fax #: () - _____
 Email _____

BUSINESS HISTORY

Credit Limit Requested? \$ _____
 How long in business at your present location? _____ Years. Previous location? _____ Years.
 Other locations and/or related ventures? _____
 (WA Only) Please include a reseller permit if a Washington State business

REFERENCES

Bank _____ Account# _____
 Address _____ City/ST/Zip _____
 Bank Officer _____ Phone# () - _____

SUPPLIERS

Name _____	Phone # () - _____	Email Address _____
Name _____	Phone # () - _____	Email Address _____
Name _____	Phone # () - _____	Email Address _____
Name _____	Phone # () - _____	Email Address _____

Date: _____ Authorized Signature: _____
 Title: _____ Print name: _____

Please email to Accounting Manager: gayleg@mountaineersbooks.org or fax: (206) 223-6306.