



## CREDIT APPLICATION

Credit Line Requested:	RESALE CERTIFICATE NO*:	
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**\*ATTACH RESALE CERTIFICATE COPY**

### COMPANY DETAILS

Company Name	Address, City, State	Phone	Fax

### Business Trade References

Name	Address	Phone	Fax	CREDIT LINE

### BANK REFERENCES

Name	Address	Phone	Fax

*Please Tick/Check Appropriate Box*

Entity type:  
 Proprietorship  
 Partnership  
 Corporation  
 Branch  
 Division  
 Subsidiary  
   
 Business Start Date: \_\_\_\_\_

<b>Parent Company:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	

### PROPRIETORS, PARTNERS OR OFFICERS

Title	Name	Address

<b>Accounts Payable Manager</b>		<b>Phone:</b>	
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If requested, will applicant execute  
 Personal Guarantee  
 UCC Documents

Notes: \_\_\_\_\_

The information and statements on this application and which may be attached are true and accurate to the best of the applicant's knowledge. For the purpose of establishing a line of credit, Broadstreet Publishing and Belle City Gifts is hereby authorized to verify any information and obtain additional information they may consider necessary. The applicant's signature attests financial responsibility, and ability to pay all invoices in accordance with terms and conditions of sale as disclosed in Broadstreet Publishing and Belle City Gift's invoices. Standard invoice terms are net 30 unless otherwise indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_ Sales Rep: \_\_\_\_\_