Application For Credit

Account Number _____

Please print or type the information requested. All information provided herein will be kept confidential.

Name of Business		Business Phone #:	
		Business Fax #:	
Bill to Address:	City:	State:	Zip Code:
Ship to Address:	City	State:	Zip Code:
Form of Business: Proprietorship _____ Partnership_____ Corporation_____ LLC _____ Other_____			
Federal Tax ID #:	Web Address for Business:		
Nature of Business:	Date Business Was Established:	Desired Credit Limit:	
Number of Employees:	Projected Yearly Sales:	Last Year's Sales:	
Real Value of Inventory: Music _____ Books_____ Gifts_____ Videos _____ Other_____			
Name of person(s) authorized to make purchases:		E-mail Address:	
Name of person(s) authorized to make purchases:		E-mail Address:	
Proprietor, Partners, Corporate Officers, or Authorized Agents:			
Name:	Title:	E-mail Address:	
Home Address:	City:	State:	Zip Code:
Home Phone Number:	Social Security Number:		
Proprietor, Partners, Corporate Officers, or Authorized Agents:			
Name:	Title:	E-mail Address:	
Home Address:	City:	State:	Zip Code:
Home Phone Number:	Social Security Number:		
Business Bank Name	Business Bank Account #:	Bank Phone #:	
Bank Street Address:	City:	State:	Zip Code:

Please provide at least three of your most frequently used credit references:

1. _____	Account #: _____	Phone #: _____
2. _____	Account #: _____	Phone #: _____
3. _____	Account #: _____	Phone #: _____
4. _____	Account #: _____	Phone #: _____
5. _____	Account #: _____	Phone #: _____
6. _____	Account #: _____	Phone #: _____

The above information is submitted for the purpose of establishing a trade relationship with Outreach Inc., of Vista, CA. By signing this application, the applicant agrees that the information provided herein is accurate and represents itself to be solvent. The applicant further authorizes Outreach to verify this information and obtain additional information from, but not limited to, reference and credit reporting agencies. The applicant hereby agrees that all invoices must be paid according to the terms provided on each invoice. To induce prompt payment of purchased product, a minimum late charge of $1.50 or 1.5% per month (whichever is greater) shall be paid on the amount past due by the purchaser. Applicant further agrees to pay all collection fees, including court costs and attorney fees, should the account be placed for collection at any time for any reason Outreach Inc., reserves the right to hold orders on past due or exceeded credit limit accounts. Applicant has read and agrees to the Policies and Procedures of Outreach Inc.

Applicant Signature	Position	Date
_____	_____	_____

2230 Oak Ridge Way
Vista, CA 92081-8341

1-800-991-6011

760-599-5821

www.outreach.com