

# INTERNATIONAL

## CONFIDENTIAL APPLICATION FOR CREDIT and TRADE RECOGNITION



WHITAKER HOUSE

1030 Hunt Valley Circle, New Kensington, PA 15068 USA FED ID # 25-1210446

Please complete ALL of the following information in order to expedite the opening of your account. (Please print or type) Anchor Distributors sells at trade discounts to retail stores and approved wholesalers. We do not sell at trade discounts to churches, study groups, agents, book tables, or non-trade organizations. The following qualifies a store as a trade account:

1. Open at least 6 hours a day for 5 days a week
2. An entrance door which gives direct access to store
3. Stock on display for immediate purchase by customers
4. Open to the general public
5. Operated with proper business licenses
6. A sign on the exterior
7. VAT #
8. GST #

### GENERAL INFORMATION

BILL TO \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
Country Code +Phone No. \_\_\_\_\_  
Country Code + Fax No. \_\_\_\_\_  
Email \_\_\_\_\_

### SHIPPING INFORMATION

SHIP TO \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
Country Code +Phone No. \_\_\_\_\_  
Country Code + Fax No. \_\_\_\_\_  
Email \_\_\_\_\_

Sign Up for online ordering at [www.anchor distributors.com](http://www.anchor distributors.com) PASSWORD: \_\_\_\_\_

### PROPRIETOR, PARTNER, or CORPORATE OFFICERS (please provide HOME address)

NAME [1] \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
SS # or Driver's License # \_\_\_\_\_  
Country Code +Phone # \_\_\_\_\_  
Country Code + Fax # \_\_\_\_\_  
Email \_\_\_\_\_

NAME [2] \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
SS # or Driver's License # \_\_\_\_\_  
Country Code +Phone # \_\_\_\_\_  
Country Code + Fax # \_\_\_\_\_  
Email \_\_\_\_\_

### STORE MANAGER and OTHER CONTACTS

Manager \_\_\_\_\_  
Payables \_\_\_\_\_

Book Buyer \_\_\_\_\_  
Other Buyer \_\_\_\_\_

On which basis do you prefer to purchase: Prepay w/Check \_\_\_\_\_ or \*Credit Card \_\_\_\_\_ Wire Transfer \_\_\_\_\_  
\*Credit Card # \_\_\_\_\_ Type \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Address Card is billed to \_\_\_\_\_  
Has the firm or any of its principals ever been bankrupt?  Yes  No  
If yes, please explain \_\_\_\_\_

### FOR ESTABLISHED BUSINESSES

Sales Last Year \$ \_\_\_\_\_ Sales two [2] years ago \$ \_\_\_\_\_

### FOR NEW BUSINESSES

Amount of cash available to be devoted to your business \$ \_\_\_\_\_ Projected Annual Sales \$ \_\_\_\_\_  
How much credit were you looking for at this time \$ \_\_\_\_\_

**DESCRIPTION OF BUSINESS**

- Bookstore in main business district | shopping center
- Book department of retail store. Type of store if other than bookstore \_\_\_\_\_
- College Bookstore     Church Bookstore     Internet Sales Website: \_\_\_\_\_
- Home Showroom

**STORE INFORMATION**

Date Established \_\_\_\_\_ Length of Ownership \_\_\_\_\_  
 CBA Membership # \_\_\_\_\_ Other memberships \_\_\_\_\_  
 [    ] Number of Employees – How many [    ] Full-time, [    ] Part-time ?  
 Own     Rent    Monthly Payment \$ \_\_\_\_\_ Square Footage \_\_\_\_\_

**TRADE CREDIT REFERENCES** Please list those for which you have had an active open account for at least 90 days.

BUSINESS NAME _____	BUSINESS NAME _____
Account Number _____	Account Number _____
Contact _____	Contact _____
Country Code + Phone # _____	Country Code + Phone # _____
Country Code + Fax # _____	Country Code + Fax # _____
 BUSINESS NAME _____	 BUSINESS NAME _____
Account Number _____	Account Number _____
Contact _____	Contact _____
Country Code + Phone # _____	Country Code + Phone # _____
Country Code + Fax # _____	Country Code + Fax # _____

**Please read and sign below the agreement to terms and conditions of sale:**

The extension of credit for all orders is subject to credit approval. Anchor Distributors retains the right to withhold orders on delinquent accounts, and adjust credit limits. Authority is hereby given to bank and trade references allowing the release of credit history on this business to Anchor Distributors. A 1.5% service charge, (18% per annum), or the rate legally allowed by the law will be assessed to past due balances. Dishonored checks, including bank fees, must be paid in full according to the table of bad check laws that govern the debtor's jurisdiction. The debtor is responsible for all costs incurred by Anchor Distributors for securing bad debts, i.e. collection agencies, court costs and attorney fees. I acknowledge and agree to abide by the above terms and conditions of sale for the extension of credit. All answers are true and correct to the best of my knowledge. My signature attests to our financial solvency, ability and willingness to pay all obligations as they come due.

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

Co-application: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Guarantee**

In the event this account becomes delinquent and satisfactory agreements have not been made for payment, all collection costs and attorney fees will be assumed by the debtor. By applying for credit, being accepted and signing this application, I agree to the above terms and conditions of sale. I assume personal responsibility for payment to Anchor Distributors. This guarantee and every part thereof shall extend to and be obligatory to my heirs, executors, administrators and assigns and shall insure to the benefit of Anchor Distributors and their successors and assigns.



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