

Name of Business		Name of Applicant		Phone	
				Fax	
Bill to Address (w/ city, state, zip)			Ship to Address (w/ city, state, zip)		
Owner's Name		Home Phone		SS#:	
Date Business Established		Length of Ownership/Management			
Owner/Manager Address			City	State	Zip Code
Do you require a Purchase Order? <input type="checkbox"/> Yes <input type="checkbox"/> No			Previous Year's Gross Sales _____ Projected Gross Sales for Current Year _____		
Sole Proprietorship	<input type="checkbox"/> Institution (college)	<input type="checkbox"/> Corporation (profit)	<input type="checkbox"/> FEI		
Partnership	<input type="checkbox"/> Government	<input type="checkbox"/> Corporation (nonprofit)	<input type="checkbox"/> FEI		

PLEASE LIST THREE TRADE REFERENCES

Name	Phone	Credit	Date	Account #
	Fax	Limit	Opened	
Name	Phone	Credit	Date	Account #
	Fax	Limit	Opened	
Name	Phone	Credit	Date	Account #
	Fax	Limit	Opened	

BANK REFERENCES

Bank Name		Address, City, State, Zip			Phone Number	
Account #	Date Opened	Average Balance	Cash on Hand Checking	Accounts Rec	Accounts Pay	Monthly Rent

CUSTOMER AGREEMENT: I Acknowledge The Following:

1. My terms are net thirty (30) days. Please see invoice for applicable terms.
2. If my past due account is placed in the hands of an attorney or collection agency, I will be responsible for any fees that accrue.
3. I understand A Book Company, llc does not sell on consignment, returns in progress are not acceptable payment for overdue invoices.
4. You have my approval to verify the above information for the purpose of establishing credit with account information.
5. At the request of A Book Company, llc I will join a Book Company, llc in executing one or more financing statements, amendments, continuations and termination statements pursuant to the uniform commercial code in the state in which I am conducting business in a form satisfactory to A Book Company, llc.
6. I submit the foregoing statement for the purpose of obtaining merchandise from A Book Company, llc on credit.
7. The above answers are true and complete to the best of my knowledge.
8. Payment is due when the invoice is received. Payments not received in a timely manner will be assessed a late payment charge of 1.5% of the total amount due such a charge remains unpaid additional late charges of 1.5% per month (18% annum) will be levied upon the entire amount due until paid.

Signature X _____ Title _____ Date _____