



Sourcebooks, Inc.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name of Owners		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Owners Phone Fax			
Owners E-mail			
Bill-to Address			

BUSINESS AND CREDIT INFORMATION

Federal Tax ID Number		Bank name:	
Ship-To Address		Bank Primary Business Address City, State ZIP Code	
Business Phone		Bank Phone Number	
Business Fax		Bank Contact Person	
Business E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Special Shipping Instructions			

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

By submitting this application, you authorize Sourcebooks, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please fax completed forms and a copy of your state resale certificate back to (630)961-2168.