

ACCOUNT INFORMATION & CREDIT APPLICATION

Journals Unlimited, Inc.
P.O. Box 1882, Bay City, MI 48706
Phone (989) 686-3377 Fax (989) 686-3380

LEGAL NAME OF BUSINESS: DATE:

DBA/ Name: Parent Company:

BILLING ADDRESS:

Street City State Zip

SHIPPING ADDRESS:

Street City State Zip

E-MAIL ADDRESS:

BUSINESS PHONE: FAX: HOW LONG IN EXISTENCE: YEARS

Contacts: Buyer Accounts Payable
Name Phone No. Name Phone No.

SALES TAX # MUST BE FILED OUT:

* Tax Exempt: Resale Non-Profit Educational Government Religious Tax No.

* TYPE OF BUSINESS: PARTNERSHIP INDIVIDUAL CORPORATION STATE INCORPORATED IN: YR

COMPLETE IF CORPORATION Federal I.D. No.

President Home Address City/State/Zip Home Phone No.

Vice-President Home Address City/State/Zip Home Phone No.

Secretary/Treasurer Home Address City/State/Zip Home Phone No.

COMPLETE IF INDIVIDUAL OR PARTNERSHIP

#1 Principal (Owner) Home Address City/State/Zip Home Phone No. Social Security No.

#2 Principal (Owner) Home Address City/State/Zip Home Phone No. Social Security No.

BANK ACCOUNT INFORMATION

Bank Name: Contact Name: Phone No.:

Address: City State Zip

Checking Acct. No. Savings Acct. No. Loan Acct. No.

CREDIT REFERENCES/ VENDORS ONLY DISREGARD IF PAYING BY CREDIT CARD

Company Name: Address: Phone No. Fax No.

Company Name: Address: Phone No. Fax No.

Company Name: Address: Phone No. Fax No.

I/we certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms (net 30 days with overdue balances charged 1.5% per month). I/we authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency.

* Signed: Title: Date:

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

In consideration for the credit extended to the above-listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation.

* Signed: Title: Date: