

Company Name _____

Address (Street, City, State, Zip) _____

Phone Number _____ Fax Number _____

Type of Business: Sole Proprietorship _____ Partnership _____ Corporation _____

Proprietor Name _____ Residence Phone _____

Residence Address (Street, City, State, Zip) _____

How many years in business under present management? _____

CORPORATE OFFICERS:

President _____ Treasurer _____ Secretary _____

BANK REFERENCES:

Bank Name _____ Account Number _____

Bank Contact Name _____

Address (Street, City, State, Zip) _____

Phone Number _____ Fax Number _____

OPEN TRADE ACCOUNTS:

Name _____ Account Number _____

Address (Street, City, State, Zip) _____

Phone Number _____ Fax Number _____

Name _____ Account Number _____

Address (Street, City, State, Zip) _____

Phone Number _____ Fax Number _____

Name _____ Account Number _____

Address (Street, City, State, Zip) _____

Phone Number _____ Fax Number _____

Name _____ Account Number _____

Address (Street, City, State, Zip) _____

Phone Number _____ Fax Number _____

Authorization to release information: The undersigned authorizes any Bank or Trade Account listed above to release any and all information to Peaceable Kingdom Press for the purpose of obtaining sufficient credit history to establish a new account.

Sales Tax Number _____ Owner's or Officer's Signature _____

Date _____ Owner's or Officer's Social Security Number _____

PLEASE INCLUDE A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE WITH THIS APPLICATION.

PERSONAL GUARANTEE:

The undersigned in consideration for the extension of credit to said applicant, hereby agrees to the above terms and conditions, and agrees to assume personal liability and responsibility for payment of the corporations, and hereby agrees to assume personal liability and responsibility for payment of the corporation's account, and guarantees payment of any monies to become due according to the above terms and conditions.

Signature _____ Date _____