

Jennifer J.

**Craftsman Book Company**  
6058 Corte Cedro — Carlsbad, CA 92011  
Voice 760-438-7828 — Fax 760-438-0398

**Credit Application**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
S.S.# \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**The following information must be completed in full -- All information will be held in strictest confidence.**

**OWNERSHIP:**

Corporation  Partnership  Proprietorship  Individual  Incorporated within last 12 months

Name (President) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Federal Tax #: \_\_\_\_\_ Date Established \_\_\_\_\_

**FINANCE:**

Bank Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Account Representative \_\_\_\_\_ Account #: \_\_\_\_\_

**REFERENCES --**

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

I, the undersigned agree to unconditionally guarantee payment **within 30 days of invoice date**. I certify that the this information is true and correct. I warrant that I have full power and authority to sign for the above named company.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_