



# BookMasters, Inc.

30 Amberwood Parkway, P.O. Box 388, Ashland, Ohio 44805  
800-537-6727 419-281-5100 Fax: 419-281-0200  
info@bookmasters.com www.bookmasters.com

## Credit Application

Business Account Name: \_\_\_\_\_ Parent Co. (if subsidiary): \_\_\_\_\_  
Business Address: \_\_\_\_\_ BMI Account Number: \_\_\_\_\_  
Business City/ State/ Zip: \_\_\_\_\_  
At present location since: \_\_\_\_\_ Type of business: \_\_\_\_\_  
In business since: \_\_\_\_\_ Type of ownership: \_\_\_\_\_  
Incorporated in: \_\_\_\_\_ Name of State \_\_\_\_\_  
Fed. I.D. no.: \_\_\_\_\_  
Name of owner (principal): \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home City/ State/ Zip: \_\_\_\_\_  
Home phone no.: \_\_\_\_\_ Social security no.: \_\_\_\_\_

Are you opening an AtlasBooks account? \_\_\_\_\_  
If so, have you sold books/ related items to a bookstore, wholesaler, or distributor? \_\_\_\_\_  
If yes, attach a list of your sales history, including dollars sold last year.

For composition and book manufacturing accounts only please provide three trade references, at least one of which is a book manufacturer:

Reference #1: Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reference #2: Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reference #3: Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**I agree that all the above information is correct, and I (we) authorize BookMasters to make any credit inquiries.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

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## Personal Guarantee

As an inducement for BookMasters, Inc. (BMI) to sell goods and services to the company requesting credit, listed above (hereinafter "Purchaser"), the undersigned agree(s) to guarantee the payment of all monies due to BMI until this guarantee has been rescinded in writing. Also, the undersigned Guarantor(s) agree(s) to pay attorney fees and other costs incurred by BMI in the enforcement of this Guarantee. The obligations herein are independent of the obligations of Purchaser. I (we) authorize BookMasters to make credit inquiries to banks or credit checking agencies.

### Guarantor:

Signature: \_\_\_\_\_ Social security no.: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date signed: \_\_\_\_\_

Co-Guarantor signature: \_\_\_\_\_ Social security no.: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date signed: \_\_\_\_\_

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### For Internal Use Only:

Sales Executive Name: \_\_\_\_\_

Credit Manager Approval: \_\_\_\_\_ Deposit Amount Required: \_\_\_\_\_