

INTERNATIONAL

ANCHOR
DISTRIBUTORS



WHITAKER
HOUSE

30 Hunt Valley Circle
New Kensington, PA
15068 U.S.A.
FED ID #25-1210446

CONFIDENTIAL APPLICATION FOR CREDIT & TRADE RECOGNITION ~ Page 2 of 2

On which basis do you prefer to purchase: Prepay w/check _____ or *Credit card _____ Wire Transfer _____

*Credit Card #: _____ Type _____ Exp _____ CVV _____ Name on Card _____

Address Card is billed to: _____

Has the firm or any of its principals ever been bankrupt? () Yes () No

If yes, please explain _____

FOR ESTABLISHED BUSINESSES:

Sales Last Year \$ _____ Sales two (2) years ago \$ _____

FOR NEW BUSINESSES:

Amount of cash available to be devoted to your business \$ _____ Projected Annual Sales \$ _____

How much credit were you looking for at this time \$ _____

TRADE CREDIT REFERENCES

Please list those for which you have had an active open account for at least 90 days.

Business Name: _____ **Account #** _____ **Contact:** _____

Country Code + Phone # _____ **Fax #** _____

Business Name: _____ **Account #** _____ **Contact:** _____

Country Code + Phone # _____ **Fax #** _____

Business Name: _____ **Account #** _____ **Contact:** _____

Country Code + Phone # _____ **Fax #** _____

Business Name: _____ **Account #** _____ **Contact:** _____

BANKING INFORMATION

Bank name: _____

Address _____

Zip code _____ Country _____

Bank phone: Dialing code _____ Telephone number: _____

Exact name the account is listed as: _____

Account # _____ () Checking or () Savings

Sales tax#/VAT#/GST#/other tax numbers: _____

Other import numbers: _____

Please read and sign below the agreement to terms and conditions of sale:

The extension credit for all orders is subject to credit approval. Anchor Distributors retains the right to withhold orders on delinquent accounts, and adjust credit limits.

Authority is hereby given to bank and trade references allowing the release of credit history on this business to anchor Distributors.

A 1.5% service charge, (18% per annum), or the rate legally allowed by the law will be assessed to past due balances. Dishonored checks, including bank fees, must be paid in full according to the table of bad check laws that govern the debtor's jurisdiction. The debtor is responsible for all costs incurred by Anchor Distributors for securing bad debts, i.e. collection agencies, court costs and attorney fees.

I acknowledge and agree to abide by the above terms and conditions of sale for the extension of credit. All answers are true and correct to the best of my knowledge. My signature attests to our financial solvency, ability and willingness to pay all obligations as they come due.

Signature _____ Title: _____ Date: _____

Co-application _____ Title: _____ Date: _____

Personal Guarantee:

In the event this account becomes delinquent and satisfactory agreements have not been made for payment, all collection costs and attorney fees will be assumed by the debtor. By applying for credit, being accepted and signing this application, I agree to the above terms and conditions of sale. I assume personal responsibility for payment to Anchor Distributors. This guarantee and every part thereof shall extend to and be obligatory to my heirs, executors, administrators and assigns and shall insure to the benefit of Anchor Distributors and their successors and assigns.

Toll Free - Telephone 800.444.4484
Outside USA - 01.724.334.7000 Ext 246
FAX - 724.334.2932

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Please complete ALL of the following information in order to expedite the opening of your account.
(Please print or type)

Anchor Distributors sells at trade discounts to retail stores and approved wholesalers. We do not sell at trade discounts to churches, study groups, agents, book tables, or non-trade organizations. The following qualifies a store as a trade account:

1. Open at least 6 hours a day for 5 days a week
2. An entrance door which gives direct access to store
3. Stock on display for immediate purchase by customers
4. Open to the general public
5. Operated with proper business licenses
6. A sign on the exterior
7. VAT #
8. GST #

GENERAL INFORMATION

SHIPPING INFORMATION

BILL TO: _____

SHIP TO: _____

Country Code + Phone # _____
Country Code + Fax # _____

Country Code + Phone # _____
Country Code + Fax # _____

E-Mail _____

E-mail _____

Sign Up for on-line ordering at www.anchoristributors.com **PASSWORD:** _____

PROPRIETOR, PARTNER, OR CORPORATE OFFICERS (PLEASE PROVIDE HOME ADDRESS)

NAME (1): _____
Title _____
Address _____

NAME (2): _____
Title _____
Address _____

SS# or Driver's License# _____
Country Code + Phone # _____
Country Code + Fax # _____

SS# or Driver's License# _____
Country Code + Phone # _____
Country Code + Fax # _____

E-Mail _____

E-mail _____

STORE MANAGER, OTHER CONTACTS, AND DATES

Manager _____
Payables _____
Date Established _____
CBA Membership # _____

Book Buyer _____
Other Buyer _____
Length of Ownership _____
Other Memberships _____

DESCRIPTION OF BUSINESS

- Bookstore in main business district/shopping center
 Book department of retail store - Type of Store if other than bookstore _____
 College Bookstore Church Bookstore Internet Sales Website: _____
 Home Showroom

STORE INFORMATION

- Own Rent Monthly Payment \$ _____ Sq Footage _____
 Number of Employees - How Many? Full Time Part Time

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