



MIDPOINT  
TRADE BOOKS

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Contact:		Resale tax certificate #:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:		Name of contact:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

### BUSINESS/TRADE REFERENCES

Company name:		Contact person:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact person:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact person:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 15 working days.
3. By submitting this application, you authorize Midpoint Trade Books to make inquiries into the banking and business/trade references that you have supplied.
4. **PLEASE FILL OUT AND email to: [orders@midpt.com](mailto:orders@midpt.com), fax to: 913-362-7401. Call 913-362-4700 ext 115 with questions**

### SIGNATURES

Title:	Title:
Date:	Date: