

New Account Information/
Credit Application

Journals Unlimited, Inc.
PO Box 1882 • Bay City MI 48706
Ph. 989-686-3377 • Fax 989-686-3380



For all customers:

Legal Name of Business: _____ Date: _____

DBA Name: _____ In Business Since: _____
Year

Billing Address: _____
Street City State Zip

Shipping Address: _____
Street City State Zip

Business Phone: _____ Business Fax: _____

Buyer: _____
Name Phone Email

Accounts Payable: _____
Name Phone Email

Business Type: Individual Partnership Corporation (Incorporated in: _____)
State Year

Tax ID: _____ Resale Non-Profit Educational Government Religious

I/we certify that the above information is true and correct, and I/we agree to pay this account in accordance with your credit terms. I/we understand that credit card accounts will be charged at time of shipment, and all others will be due 30 days from shipment, with overdue balances charged 1.5% interest per month. I/we authorize you to verify this information, and/or obtain additional information by securing data from a credit-reporting agency.

Signed: _____ Title: _____ Date: _____

For customers applying for credit terms: (DISREGARD IF PAYING BY CREDIT CARD)

Please provide three credit references (vendors only):

Reference 1: _____
Company Name Address Phone Fax

Reference 2: _____
Company Name Address Phone Fax

Reference 3: _____
Company Name Address Phone Fax