

# NEW LEAF CREDIT APPLICATION

Please complete all of the following information in order to expedite the processing of your application

Bill To \_\_\_\_\_ Ship To \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

Type of Business: (check one, please)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bookstore              | <input type="checkbox"/> Distributor _____ | <input type="checkbox"/> Metaphysical Bookstore |
| <input type="checkbox"/> International Retailer | <input type="checkbox"/> Health Food Store | <input type="checkbox"/> Specialty Shop         |
| <input type="checkbox"/> Church Bookstore       | <input type="checkbox"/> Mail Order        | <input type="checkbox"/> Supermarket            |
| <input type="checkbox"/> Department Store       | <input type="checkbox"/> Mass Merchandiser | <input type="checkbox"/> Record Store           |
| <input type="checkbox"/> Other _____            |  | <input type="checkbox"/> Video Store            |

Number of Years in Business: \_\_\_\_\_ If subsidiary, name of parent company: \_\_\_\_\_

Form of Business: \_\_\_\_\_  Proprietorship  Partnership  Corporation

◆ Proprietorship Partners or Corporate Officers (Below, please provide an alternate address where we may reach you.) ◆

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Title \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State and Zip \_\_\_\_\_  
Home Ph. (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
S.S. # \_\_\_\_\_

## BANK INFORMATION

Bank \_\_\_\_\_ Bank Account # \_\_\_\_\_  
Attention \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Anticipated purchases PER MONTH:

Listed in *Dun & Bradstreet*?  Yes  No Jan.- Aug. \$ \_\_\_\_\_

Financial Statement Enclosed?  Yes  No Sept.-Dec. \$ \_\_\_\_\_

Any financial statement submitted with this application will facilitate the establishment of your account and will be relied upon by New Leaf. Any such statements will be kept strictly confidential.

## REFERENCES

*Business References (wholesalers and suppliers preferred.) Please provide at least 3 references.*

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Title \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

(SEE OTHER SIDE)

**Our terms are 30 days from invoice date. Circumstances delaying payment should be communicated within 7 days of invoice date. Past due accounts are charged 1.5% of overdue balance per month.**

I/We the Undersigned, agree that each credit purchase invoice will be subject to the following conditions: (A) all invoices are payable promptly with the stated terms; (B) all overdue balances are subject to a service charge of 1.5% for each month, or portion thereof, the same remains unpaid, commencing from the due date; (C) purchaser (the UNDERSIGNED) authorizes the seller to obtain business/consumer credit reports or credit information from other persons or entities for the extension of credit; (D) purchasers shall pay all reasonable costs and expenses, including attorney's fees, legal expenses, and court costs incurred in collecting any amount due for merchandise sold or delivered. If the above is a corporation, the UNDERSIGNED, as an individual, agrees to assume responsibility for, and pay, any debts incurred by said corporation if the terms of this agreement are not met.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Proprietor, Partner or Corporate Officer

Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_



**New Leaf Distributing Company**

**401 Thornton Road  
 Lithia Springs, GA 30122-1557  
 1-800-326-2665  
 Fax 1-800-326-1066  
 www.newleaf-dist.com**

**FOR NEW LEAF USE ONLY**

ACCOUNT NO.	D&B RATING	APPROVAL DATE	DATE NOTIFIED	LIMIT

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_