



1130 Via Callejon, San Clemente, CA 92673

Phone: 800-248-1983 • Fax: 800-559-8641 • E-mail: CustomerCare@joanbaker.com

Office Use Only

Customer #: _____

New Limit: _____

By: _____ Date: _____

CREDIT APPLICATION

BUSINESS NAME: _____	
DBA: _____	Store Front: <input type="checkbox"/> Yes <input type="checkbox"/> No
BILL TO ADDRESS: Street: _____	
City: _____	St.: _____ Zip: _____
Phone: _____	Fax: _____ Resale #: _____
E-mail Invoices: _____	GAIN #: _____
E-mail Other: _____	Lyon #: _____
SHIP TO ADDRESS: Street: _____	
City: _____	St.: _____ Zip: _____
Phone: _____	Fax: _____ E-mail: _____
BUSINESS FORM: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Corporate Name: _____	City: _____ St.: _____ Zip: _____
President: _____	Vice Pres: _____ Sec/Treas: _____
or Owner #1 Name: _____	SS#: _____ E-mail: _____
Owner #1 Address: _____	
Owner #2 Name: _____	SS#: _____ E-mail: _____
Owner #2 Address: _____	
Authorization Signature: _____	I hereby authorize Joan Baker Designs, Inc., to obtain a Consumer Credit Report and/or Background Report on me. Signature: _____ Title: _____ Date: _____
BUSINESS TYPE: <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other	
Type of Store:	<input type="checkbox"/> Gift <input type="checkbox"/> Christian Bookstore <input type="checkbox"/> Card <input type="checkbox"/> Hardware <input type="checkbox"/> Grocery <input type="checkbox"/> Other <input type="checkbox"/> Drug <input type="checkbox"/> Home Furnishing <input type="checkbox"/> Garden <input type="checkbox"/> Closeout <input type="checkbox"/> Hospital
	Length of time in business: _____ Length of time under present ownership: _____
	Is this a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No Mos. open for business: From: _____ To: _____
CONTACTS:	
Authorized Buyer #1: _____	Phone: _____ E-mail: _____
Authorized Buyer #2: _____	Phone: _____ E-mail: _____
Accounts Payable: _____	Phone: _____ E-mail: _____
BANK INFO: Bank name: _____ Phone: _____	
Address: _____	City: _____ St.: _____ Zip: _____
Checking Acct. #: _____	Savings Acct. #: _____ Loan Acct. #: _____
Credit Limit Requested: \$ _____	
Authorization Signature: _____	I hereby authorize the bank to furnish requested information to Joan Baker Designs, Inc., for the purpose of credit extension. Signature: _____ Title: _____ Date: _____
TRADE REFERENCES: Minimum of 4 are requested. (Acct. #'s not required.)	
<input type="checkbox"/> Demdaco Acct. #: _____	<input type="checkbox"/> Pavilion Gift Acct. #: _____
<input type="checkbox"/> Encore Acct. #: _____	<input type="checkbox"/> Raz Imports Acct. #: _____
<input type="checkbox"/> Enesco Acct. #: _____	<input type="checkbox"/> Russ Berrie Acct. #: _____
<input type="checkbox"/> Gund Acct. #: _____	<input type="checkbox"/> Ty Acct. #: _____
<input type="checkbox"/> Highland Graphics Acct. #: _____	<input type="checkbox"/> Van Group Acct. #: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ St.: _____ Zip: _____	City: _____ St.: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Acct. #: _____ Contact: _____	Acct. #: _____ Contact: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ St.: _____ Zip: _____	City: _____ St.: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Acct. #: _____ Contact: _____	Acct. #: _____ Contact: _____
The undersigned agrees that each purchase hereafter completed upon open account credit shall be deemed subject to the terms of sales of Joan Baker Designs, Inc., and those alone and hereby waives any term of purchase other than those. It is understood that our terms are Net 30 days. I hereby represent that I am authorized to submit this application on behalf of the customer named above and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Joan Baker Designs, Inc., to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and a late charge of 1.5% per month will be applied to all past due invoices. I/We further represent that the customer applying for credit has the financial ability and willingness to pay for all invoices within established terms.	
Authorized Signature: _____	Title: _____ Date: _____
Authorized Signature: _____	Title: _____ Date: _____