



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
City			Phone	Fax	Resale #	
E-mail Invoices			E-mail Other			GAIN #
						Lyon #
SHIP TO ADDRESS	Street			City	St	Zip
City			Phone	Fax	E-mail	
BUSINESS FORM	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			City	St	Zip
Corporate Name			Vice Pres			Sec/Treas
President			SS#			E-mail
or Owner #1 Name			SS#			E-mail
Owner #1 Address						
Owner #2 Name						
Owner #2 Address						
Authorization	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 <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
BANKING INFO	Bank name			City	St	Zip
Address			Savings Acct. #			Loan Acct. #
Checking Acct. #						
Credit Limit Reqsted	\$ _____					
Authorization	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"/> Transpac	Acct #	
	<input type="checkbox"/> Highland Graphics	Acct #		<input type="checkbox"/> Ty	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		
	Authorized Signature			Title		
				Date		
				Date		