



**Wm. B. Eerdmans Publishing Company**

2140 Oak Industrial Dr NE Grand Rapids, Michigan 49505

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**Account and Credit Application**

*This document contains fillable form fields. Please submit the completed form to one of the addresses on page 2. Digitally signed documents may be submitted directly via email; otherwise print and sign the completed form and submit the original to the postal address or a scanned copy to the email address on page 2.*

Exact Legal Business Name \_\_\_\_\_

D/B/A if any \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address – if different from above

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a member of the Christian Booksellers Association?  Yes  No

Are you a member of the American Booksellers Association?  Yes  No

Are you listed with Dun & Bradstreet?  Yes  No

Credit limit requested \_\_\_\_\_

When was business started? \_\_\_\_\_ Business Hours \_\_\_\_\_

Would you like a sales representative to call on you?  Yes  No

Type of Ownership:  Corporation  Proprietorship  Partnership

Owner's name \_\_\_\_\_ SS# \_\_\_\_\_

Complete home address \_\_\_\_\_

Home Phone \_\_\_\_\_ Length of present ownership \_\_\_\_\_

Manager \_\_\_\_\_ Book Buyer \_\_\_\_\_ Accounts Payable \_\_\_\_\_

Business Conducted from  Store  School  Library  Office  Warehouse  Residence

Other (please explain) \_\_\_\_\_

Business Type  Retail  Distributor  Mail order  Library

Do you (or owner) own or have you previously owned any other business(es)?  Yes  No *If yes, please list business information:*

Business Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Have you ever had an account with Wm. B. Eerdmans Publishing Co. in the past?  Yes  No *If yes, please list business name:*

Name \_\_\_\_\_

Is this business your sole source of income?  Yes  No *If no, please explain:*

\_\_\_\_\_

\_\_\_\_\_

Will you furnish a current financial statement on request? If so, the credit approval process will take less time if you attach your current financial statement with this application. All information contained on the statement will be held in strict confidence.

**Business References:** Please list the names of three firms, preferably publishers, with whom you are currently doing business. (Must have complete address and account #'s for approval).

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct. No. \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct. No. \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct. No. \_\_\_\_\_

Please list the name, account number, and complete address of your bank for credit reference purposes.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Account opened \_\_\_\_\_ Account # \_\_\_\_\_

**Customer Agreement** Terms of this account are net 30 days from date of invoice. Invoices not paid within terms may be subject to a 1.5% service charge per month. This represents 18% INTEREST PER ANNUM. If my past due account is placed in the hands of an attorney or collection agency, I will be responsible for any fees that accrue. Seller retains the right to withhold the shipment of orders if the buyer's account is past due. Returns in progress are not acceptable payment for overdue invoices.

You have my approval to verify the above information for the purpose of establishing credit with Wm. B. Eerdmans Publishing Co., and I authorize my bank and suppliers to give Wm. B. Eerdmans Publishing Co. my account information. I/we submit the foregoing statement for the purpose of obtaining merchandise from Wm. B. Eerdmans Publishing Co. on credit. I/we certify that the above information on this application is true and complete to the best of my knowledge.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee** In the event this account is delinquent and satisfactory arrangements have not been made for payment, all legal, attorney fees and collection costs will be assumed by debtor. By applying for credit, being accepted, and signing this application, I/we agree to the above terms and conditions. I also assume personal responsibility for payment of said corporation's, account. This guarantee and every part thereof shall extend to and be obligatory to my heirs, executors, administrators, and assigns, and shall insure to the benefit of Wm. B. Eerdmans Publishing Co., their successors and assigns.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*If husband and wife and/or partnership both must sign*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to:** Credit Manager  
Wm. B. Eerdmans Publishing Co.  
2140 Oak Industrial Dr NE  
Grand Rapids, Michigan 49505

**email submissions:** creditmanager@eerdmans.com (note that email submissions cannot be guaranteed secure)