

CREDIT APPLICATION

Business Name: _____ Resale Number: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Date Business was started: _____ Type of Business: _____
Is your business established as a Corporation Partnership Sole Proprietorship
Are you exempt from state sales tax? Yes: tax exemption # _____ No
If Incorporated, name of president: _____
Desired credit limit: _____

INTERNAL CONTACTS

Accounts Payable Contact Name: _____ Phone#: _____
Purchasing Dept Contact Name: _____ Phone#: _____

BANK REFERENCES

Bank Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone #: _____

BUSINESS CREDIT REFERENCES (list only active vendors, no credit cards)

1. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____

2. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____

3. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____

4. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____

I certify that the above information is accurate.

Signature: _____
Date: _____

Please fax this form along with a copy of your W-9 and Sales
Tax Exemption Certificate to 4 the Kids Toy Store at 801-393-0437.
Questions, call 800-490-2590.



1423 E. 12th St. Ogden, UT 84404