



1290 Kennestone Circle, Suite D-101
Marietta, GA 30066
Phone: 800-825-0060 | Fax: (770) 429-0334
E-Mail: cservice@activeparenting.com
Federal ID #: 58-1548573
DUNS # 14-802-8574

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Contact Name and Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business started:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Active Parenting Publishers, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date:



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Authorization to Release Credit Information

I/We have made a Credit Application to *Active Parenting Publishers, Inc.*, for the purpose of securing a NET 30 Terms account. I/We have given your name and contact information as a Business/Trade Reference. As part of the Credit Application process, I authorize and request that you provide the following information to *Active Parenting Publishers, Inc.*, at your earliest convenience.

Date Account Opened: _____

Credit Limit: \$ _____

Current Balance: \$ _____

Payment Terms: _____

Payment History: _____

Largest Amount Charged at One Time: \$ _____

Your Current Rating of this customer:

☐ Excellent ☐ Very Good ☐ Slow ☐ Poor

Thank you for your cooperation in this matter.

Signature

Signature of Joint Applicant (*if any*)

Company Name

Company Name

Address, Line 1

Address, Line 1

Address, Line 2

Address, Line 2

City State Zip

City State Zip

Send to: Terry Pettinger, Accounting Manager • 770-429-0334 (fax) • terry@activeparenting.com