

Journey Stone Creations, LLC

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CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. This form must be returned prior to your order shipment. Thank you for buying from Journey Stone Creations, LLC.

CUSTOMER INFORMATION

Business name: _____
Address: _____
City, State and Zip: _____
Ship address if different than above: _____
City, State and Zip: _____
Phone number: () _____ Fax number: () _____
Contact person: _____ Business owner: Y___ N___ Chain _____
Tax status: Taxable _____ Resale _____ Government _____ School _____
Tax ID Number(Must be included) _____

BANK REFERENCES

Banking institution: _____ City: _____ State: _____
Contact person: _____ Phone: () _____

CREDIT REFERENCES

Company: _____	Company: _____
Contact person: _____	Contact person: _____
Address: _____	Address: _____
Phone # _____	Phone # _____
Comments: _____	Comments: _____

BUSINESS INFORMATION

Store location: _____
Number of years in business: _____ Number of years at current location: _____
Do you have special events at your store like author signings, special sales, etc? _____
Explain _____
Would you be interested in hosting a special author event? _____ If yes, contact name and number: _____

Pricing and terms: All orders subject to Journey Stone Creations, LLC prices and terms that are in effect at the time of shipment. All billing is 30 days net from shipment. 2% discount if paid within 15 days of ship date. A 1.5% per month will be applied to your statement balance if paid after 31 days. (18% annual percentage rate.) Collection costs, including reasonable attorney fees, shall be payable by the purchaser if the need arises to use outside collection services.

AUTHORIZING STATEMENT

I certify that all information above is true and correct and agree to abide by the terms of sale listed above.

Signature: _____ Position: _____ Date: _____

Printed name above: _____