



TEN SPEED PRESS

Celestial Arts • Crossing Press • Tricycle Press
 P.O. Box 7123 • Berkeley, CA 94707
 (510) 559-1600 • Fax (510) 559-1628

Retail _____ Wholesale _____
 Description of Business _____

PLEASE TYPE or PRINT LEGIBLY

Company Name _____
 DBA _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Accounts Payable Address (if different from above)

 Accounts Payable Contact _____
 A/P Phone _____ DUNS # _____
 Annual Sales _____

Number of years in business under this name _____
 Number of years at this location _____
 Sole Proprietorship _____ Partnership _____
 SS# _____
 Name of owner _____
 Incorporated in State of _____
 Date of Incorporation _____
 Subsidiary _____
 Division Parent _____
 Federal I.D. # _____
 Resale # _____
 Credit line requested _____

I am engaged in the business of selling BOOKS POSTERS BOTH
 Is this product for resale? YES NO

It is understood and accepted by the undersigned applicant that:

1. Applicant understands that Seller will make its usual credit investigation and authorizes applicant's bank to release information as desired by the Seller.
2. I/We agree to keep within your terms if granted an open account, and further agree to apply all late payment charges assessed.
3. A service charge of \$25.00 will be applied to each returned check.
4. If a claim must be placed for collection, the customer agrees to pay the collection fee to help defray collection expenses.
5. All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents from any liability resulting from their credit survey.

Authorized Signature* _____ Title _____ Date _____

* Must be a Manager / Owner / Officer of the Company

BANKING INFORMATION

Name of Bank _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Account Number _____

TRADE REFERENCES

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact _____