

# Credit Application Information

Please note: Only complete credit applications will be considered.

Name (Register Trade Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## BUSINESS INFORMATION

Proprietorship Government     Partnership     Trust     Corporation     LLC     Government

Other (please specify): \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Years in present location: \_\_\_\_\_ Own / Rent: \_\_\_\_\_

Federal / Tax ID#: \_\_\_\_\_

Length of time in business: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

Amount of Credit Requested: \$ \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Years in business under present ownership: \_\_\_\_\_

Previous Business Name and Address: \_\_\_\_\_

Sales Tax Exemption:  Yes  No (certificate must accompany application)

Authorized Purchasers: \_\_\_\_\_

All person listed above as authorized purchasers will be considered authorized purchasers until written notice is received by Yajnavalka Publishing Group Account Receivable department, providing that any given individual is no longer authorized. The applicant is responsible for all purchases made by authorized purchasers. In order to be added to the applicant's credit application, the names of additional authorized purchasers must be submitted in writing to Yajnavalka Publishing Group.

## INFORMATION ABOUT PRINCIPALS

Proprietors, Partners, Officers:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Title: \_\_\_\_\_

## CREDIT INFORMATION

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account #: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**TRADE REFERENCES (PREFERABLY RESALE MERCHANDISE SUPPLIER)**

1. Name (Register Trade Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Length on Open Credit: \_\_\_\_\_

2. Name (Register Trade Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Length on Open Credit: \_\_\_\_\_

3. Name (Register Trade Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Length on Open Credit: \_\_\_\_\_

Terms: Yajnavalka Publishing Group terms of sale to approve credit accounts are net 30 days from the date of invoice. 1.5% interest is charged per month on overdue balances. For details, see Yajnavalka Trade Policies which are an integral part of our sales agreement.

I here by state that the information is correct to the best of my knowledge and agree to comply by and accept the Yajnavalka Terms and Condition as stated.

Consent Clause: I hereby authorize Yajnavalka Publishing Group to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account for any other direct business requirement.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(must be signed by an officer, proprietor, or partner)

Date: \_\_\_\_\_

For use by Yajnavalka Publishing Group:

Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Class: \_\_\_\_\_

Mail, Fax, or Email Application to:

Yajnavalka Publishing Group  
1603 West Alabama; Houston, TX 77006  
Fax 713.527.0816  
sales@yajnavalka.com