BUSINESS CREDIT APPLICATION

Dear Cards, Inc.
P.O. Box 24057
Jackson, MS. 39225
Phone # 601-360-2241

For fast credit approval
Please fax this
form to:
Phone # 601-969-6867

Company Name **Type of Business** **Phone Number** **Fax Number**

Billing Address **Shipping Address**

City **State** **Zip** **City** **State** **Zip**

Type of Ownership: ☐ **Corporation** ☐ **Partnership** ☐ **Sole proprietor** **Years in business:** _____

☐ **Government** ☐ **Non-Profit** **Tax Exempt? Yes No**
(If yes, please include resale card with application)

Number of Locations:_____ **Lease or Own:**_____ **Do you Currently Sell Greeting Cards: Yes No**

Address **Fax Number**

City **State** **Zip**

Bank References

1. _____
Name **Phone Number** **Fax Number**
Account Number_____ **Contact:** _____
2. _____
Name **Phone Number** **Fax Number**
Account Number _____ **Contact:** _____

Open Accounts References

1. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**
2. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**
3. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

Inter Office Use Only **DATE:** ____/____/____
CREDIT LIMIT: _____ **APPROVED BY:** _____