

Peach Press Inc. DBA WRAP and Recovery Books Credit Application

Contact Information		
Your Name		
Email		
Business Information As Registered		
Company Name		
Address		
City	State	Zip Code
Length of time at current address		
Type of Business :	Corporation LLC Partnership Proprietorship	
Accounts Payable Contact Information		
Name	Phone	
Email	Fax	
Bank Information		
Bank Name	Contact Name	
Address	Phone	
City	State	Zip Code
Type of Account	Account Number	
Business References		
Please provide us with at least three other companies your business has established credit with		
1 Company	Contact Name	
Phone	Email	
Address	Title	
City	State	Zip Code
Account open since	Credit Limit	Current Balance
2 Company	Contact Name	
Phone	Email	
Address	Title	
City	State	Zip Code
Account open since	Credit Limit	Current Balance
3 Company	Contact Name	
Phone	Email	
Address	Title	
City	State	Zip Code
Account open since	Credit Limit	Current Balance

Peach Press Inc. DBA WRAP and Recovery Books Credit Application

Credit Agreement

1 | All invoices must be paid within 30 days of the date issued.

2 | Any claims regarding an invoice issued must be made with 15 days of the date issued.

3 | All returns must have prior authorization and be in saleable condition. There is a 20% re-stocking charge.

4 | You authorize inquiry into the banking and business references provided within this application.

Company Representatives

1 Signature	Title	
Name	Date	
2 Signature	Title	
Name	Date	