

Scrolls Unlimited, Inc. Credit Application

Name of Business _____ Phone _____

Billing Address _____

City _____ State _____ Zip Code _____

Shipping Address:(If Different From Billing) _____

City _____ State _____ Zip Code _____

Fax# _____ E-Mail Address _____

Address _____

Principal Owners _____

Buyer _____

Year Business Opened _____ State Sales Tax _____

Type of Business: Sole Proprietor Partnership Corporation

CREDIT CARD INFORMATION

*Credit Card is required for opening orders only

Bank Card # _____ Card Holder Name _____

Expiration Date _____ 3 Digit CVC # _____ Signature _____

I would like a credit line and terms from *Scrolls Unlimited, Inc.*

BANK INFORMATION:

Name of Bank: _____ Account #: _____

Address, City, State, Zip: _____

Telephone: () _____

REFERENCES:

Reference # 1

Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone # () _____ Account # _____

Reference # 2

Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone # () _____ Account # _____

Reference # 3

Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone # () _____ Account # _____

Signature of Owner, Manager or Buyer _____

Date _____

* Signature is required to open an account

(Please Print) Name of Owner, Manager or Buyer _____

Scrolls Unlimited, Inc.

• (800) 219-9019 • scrolls@mich.com • P.O. BOX 68, CHEBOYGAN, MI 49721