



Crystal Springs Books
PO Box 500
Peterborough, NH 03458-0500

SDE, INC. / dba CRYSTAL SPRINGS BOOKS
CREDIT APPLICATION

LEGAL FIRM NAME: _____ Phone: _____

Physical Address of Main Office: _____ FAX: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

REQUEST:

Amount of credit requested: \$ _____

Payment personally guaranteed? No Yes

If YES by: _____ Position in company: _____

TYPE OF ENTITY:

Corporation (please include dba name(s), if applicable): _____

State incorporated in: _____

Limited Liability Company (please provide a copy of Organization papers)

Limited Partnership (please provide copy of dba registration)

Partnership (please provide copy of dba registration)

Sole Proprietorship (please provide copy of dba registration)

Resale #: _____ (attach copy of resale certificate) State: _____

FEIN: _____

Duns #: _____

Business start date: _____ State business registered in: _____

OWNERSHIP:

Name of owner/parent Company: _____ Ownership % _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____