



Remit To: Fax (866) 432-9899  
Or mail to:  
Attn: Credit Application Processing  
38239 Plymouth Road  
Livonia, Michigan 48150  
Tf 800.325.6232  
Info@CenturyNovelty.com

## **Application for Credit COMMERCIAL ACCOUNT**

### **Credit Application**

Thank you for your interest in a commercial account with Century Novelty.  
To start enjoying the benefits of this relationship, simply complete this application.  
Once your completed application and purchase order are faxed to us,  
please allow 3-6 business days for your application to be processed.

### **Important Details:**

- If your order must ship in less than 3-6 business days, you should place your order at CenturyNovelty.com using a credit card.
- All purchase orders must be at least \$100 before shipping and tax. If your order will be less than \$100 before shipping and tax, you must use a credit card.
- Once your application has been processed, we will contact you by telephone. If you have not been contacted within 7 business days, please contact us.
- All orders billed to your account must be mailed or faxed to Century Novelty on your organization's purchase order.
- Visit CenturyNovelty.com for item availability, pricing, and shipping options.
- Century Novelty's Federal Tax ID: 38-2290000 .
- Century Novelty's Dunn & Bradstreet Number: 01-721-2812 .
- Payment for all orders is due in full 30 days from the shipping date.
- Completing a credit application and/or placing an order indicates your organization accepts all the terms in the "Help" section of CenturyNovelty.com. These terms may change without notice.



### **New Account Information:**

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Billing Address (if different)

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Bookkeeper or Accounts Payable Manager: \_\_\_\_\_

Will purchases be tax exempt?  Yes  No If yes, Fed Tax ID (EIN): \_\_\_\_\_

### **Information About Your Firm:**

Years in Business: \_\_\_\_\_

NO. of Employees: \_\_\_\_\_

Line of Business: \_\_\_\_\_

Entity:  Sole Proprietorship  Partnership  Non-Profit Organization  
 Corporation (Year Incorporated \_\_\_\_\_ State Incorporated \_\_\_\_\_)

If company changed names within past 3 years, specify: \_\_\_\_\_

If company uses another trade name, specify: \_\_\_\_\_

If branch, give location of headquarters: \_\_\_\_\_

### **Individual Owner, Partners or Officers:**

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_

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



### Banking References:

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

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

Officer or Contact \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Acct. No: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Acct. No: \_\_\_\_\_

Other Bank or Institution: \_\_\_\_\_

### Individual Owner, Partners or Officers:

1. Company \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Acct No. \_\_\_\_\_

2. Company \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Acct No. \_\_\_\_\_

3. Company \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Acct No. \_\_\_\_\_

4. Company \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Acct No. \_\_\_\_\_

Estimated monthly purchases from us: \$ \_\_\_\_\_  
All purchase orders must be at least \$100 before shipping and tax. If your order will be less than \$100 before shipping and tax, you must use a credit card.

Other Information: \_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize Century Novelty to obtain credit information on our firm:*

SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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