

Wholesale Credit Application

Every Good Gift, home of *Oil of Gladness*™

PO Box 802, Katy TX 77492

800-292-5960

sales@everygoodgift.com

Applicant Name/Address

Last:	First:	Middle:	Title:
Name of Business:			Tax I.D. Number:
Address:			Email:
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form of Business:	Corporation Partnership Proprietorship			
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Website:	Email:			

Bank References

Institution Name:	Institution Phone:	Institution Contact:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Every Good Gift Inc. or its assignees in order to verify the information contained herein.

Signature

Date

Please return this completed form along with a copy of your sales tax permit, business license, and a completed resale certificate for your state to fax 877-469-9467 or sales@everygoodgift.com