

**BRONNER'S CHRISTmas WONDERLAND**  
 25 Christmas Lane  
 PO Box 176  
 Frankenmuth, MI 48734-0176  
 Phone 989-652-9931 FAX 989-652-3466



# CREDIT APPLICATION

Trade Name: \_\_\_\_\_  
 Sales Tax Number: \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_

**Billing Address:**

.....  
 Street or PO Box

.....  
 City State/Province Zip Code

**Shipping Address:**

.....  
 Street

.....  
 City State/Province Zip Code

A/P Contact: \_\_\_\_\_ Buyer/Manager: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Banking Information**

Name of Primary Bank: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_ D&B Rating: \_\_\_\_\_

Corporation  Partnership  Sole Proprietorship Year Established: \_\_\_\_\_  
 Owner/President: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City State Zip

**Names & Addresses of Partners, Corporation Officers:**

Name	Address	State	Zip
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Trade References: Please provide at least three references with complete addresses and phone numbers.**

Name	Address	State	Zip	Telephone
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

*Please send most recent financial statement with this Credit Application. Thank you.*

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I/We authorize Bronners Christmas Wonderland To conduct a credit investigation and authorize the creditors and financial institutions listed above to divulge rating information concerning my/our account with them. I/We understand that a past due charge will suspend credit sales and a 1 1/2 % monthly service charge will be added to the past due balance. I/We agree to pay reasonable attorney fees and court costs for collecting or attempting to collect or secure any and all debts owing for goods sold or services rendered. Venue for any legal action will be Michigan.

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name and Title

\_\_\_\_\_  
 Officer/Partner/Owner Signature

My signature attests to our financial responsibility, ability, and Willingness to pay all invoices in accordance with these terms.