



305 Lake Road, Medina, OH 44256

Phone: 855-244-5376

Fax: 330-721-6799

We must have the following information to extend open account credit terms.
Information provided will be kept confidential. Providing fax numbers will expedite the credit review.

NEW ACCOUNT SET UP and CREDIT APPLICATION – PAGE 1

This application must be completed, submitted, and approved prior to the acceptance of any purchase orders.

Company Name: _____

Legal or Corporate Name: _____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Main Phone Number: _____ Fax Number: _____

Contact/Merchandise/Buyer Name: _____ Contact Phone Number: _____

Contact Email Address: _____ Accounts Payable Contact Name: _____

Tax Exempt: YES / NO (circle one) If Yes, please attach completed tax exempt / resale certificate.

Please check one: ___ Individual ___ Corporation ___ Partnership ___ Other – please specify _____

Federal Tax ID #: _____ Duns #: _____

Full name of owner or authorized officer of the company: _____

Date Business Established: _____

Types of Shipments on Purchase Orders: Warehouse / Drop Ship / Both

Freight Payment Terms: Prepaid and Add / Collect / Third Party Bill

Third Party Freight Shipment Provider: _____

Third Party Freight Shipment Account Number: _____

Third Party Freight Shipment Bill To Zip Code: _____

Are you applying for credit/payment terms with Child Source?

_____ Yes. Banking information and trade references are attached or provided on page 2 of application

_____ Yes. However, to expedite the first order we will pay in advance

_____ No. We prefer to pay in advance on all Purchase Orders and acknowledge and accept a 2% Handling Premium. The 2% Handling Premium may be waived for cash payments.

Note: If Customer fails to pay any amount when due and such failure continues for ten (10) days or more, Customer shall pay interest at the rate of 1½% per month or the maximum rate permitted by law (whichever is less) on the entire unpaid balance for the Products for each month or portion thereof that payment is late as well as any fees associated with collecting the balance, including attorney fees and costs. If credit terms are not extended, a 2% Handling Premium will be assessed on all invoices. The 2% Handling Premium may be waived for cash payments.

CHILD SOURCE - NEW ACCOUNT SET UP and CREDIT APPLICATION – PAGE 2

What is your SIC Code: _____

What is your Class of Trade: _____

What is your Business Model: _____

Trade References

Please provide a minimum of three references. Providing fax numbers will expedite the credit review

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone No. _____

Fax No. _____

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone No. _____

Fax No. _____

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone No. _____

Fax No. _____

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone No. _____

Fax No. _____

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize Child Source its representatives and agents to investigate my/our credit and financial responsibility.

Signature of responsible party _____ Date _____

Printed Name _____

Print, fill out and fax or mail this form to:
Child Source, 305 Lake Road, Medina, OH 44256 Fax: 330-721-6799