



**Contact us:**  
**ValueCalendars.com, LLC**  
 info@valuecalendars.com  
 Direct: (978) 410-5152  
 Toll Free: (877) 279-5220  
 Mail: 51 Grant St., Gardner, MA 01440

## Credit Application

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established: \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone (if different than above) \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ Amount of credit line requested \_\_\_\_\_

Ownership Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Key Management Members and Owners	Titles	Percentage Ownership
_____	_____	_____
_____	_____	_____

### Trade References

1) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact Name \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact Name \_\_\_\_\_

Bank Reference \_\_\_\_\_  
 Name/Branch \_\_\_\_\_ Phone \_\_\_\_\_ Fax# \_\_\_\_\_

Checking Account No: \_\_\_\_\_ Savings Account No: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) and suppliers to release any information necessary to assist in establishing a line of credit.

Authorized By \_\_\_\_\_ Title \_\_\_\_\_

**Please email completed application to: [info@valuecalendars.com](mailto:info@valuecalendars.com)**  
**Or fax to: 978-494-6484**