



# Wholesale Credit Application

Keepsake Sentiments for Unborn Babies  
...and their families

MAIL TO:  
Waiting For You, LLC  
3005 Valley View Drive  
Bath, PA 18014  
or  
FAX TO: 610-837-7628

**Name of Business** \_\_\_\_\_  
**DBA - Doing Business As** (if applicable) \_\_\_\_\_  
Business Billing Address Information:  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Contact and Title Information:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_

**Bank Reference**

Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**List 3 Trade References**

**Trade Ref. 1** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Trade Ref. 2** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Trade Ref. 3** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

TIN/SS Number \_\_\_\_\_ Resale Number \_\_\_\_\_

**Business Type:** \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor **Year business was established** \_\_\_\_\_

By submitting this information to Waiting for You, LLC, I hereby authorize the bank and trade references listed in the credit application to release to Waiting For You, LLC any credit information concerning myself or my company which may be required to establish my trade credit. TERMS OF CREDIT: Invoices are Net 30 and are considered past due after 30 days. Interest of 1.5% per month accrues (18% per year) on unpaid balances after 30 days.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_