

Account/Credit Application
AMERICAN FEDERATION OF ASTROLOGERS, INC

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Tempe, AZ 85283-3746
Phone: 480/838-1751 Fax: 480/838-8293
Toll-Free: 1/888-301-7630
www.astrologers.com info@astrologers.com

Office use only:
Date Received: _____
Approved by: _____
Initial Credit Line: _____

PLEASE COMPLETE THE FOLLOWING:

NAME OF STORE/BUSINESS: _____

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

E-MAIL ADDRESS/WEBSITE: _____

BUYERS NAME: _____ BUYERS EMAIL: _____

BUYERS PHONE: _____ ACCOUNTING CONTACT: _____

TYPE OF BUSINESS (check one)

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER _____

NAME OF OWNER/OFFICER(S): _____

FEDERAL ID # _____ (LLC'S, PARTNERSHIPS OR CORPORATIONS)

SOCIAL SECURITY # _____ (SOLE PROPRIETORSHIP)

RESALE TAX # _____ (Please attach a copy of your sales tax/exemption/resale certificate)

TRADE REFERENCES: (Companies with whom you have dealt for 6 months or more)

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

FAX#: _____ FAX#: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

BANK INFORMATION: (including the Branch#)

NAME: _____ ACCOUNT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

Be sure to review and complete the additional pages of the application for critical accounts receivable policies.

**American Federation of Astrologers, Inc.
Addendum to Account/Credit Application**

First 3 orders must be prepaid

New accounts must prepay their first three (3) orders by cash, check, credit card (VISA, MasterCard, Discover or American Express) or US Dollar Cashier's Check/Money Order.

If you would like to prepay your first three orders by **credit card**, please complete the information below and sign where indicated.

Method of Payment: ___ Visa ___ MasterCard ___ Discover ___ AMX

Card # _____ EXP _____

Cardholder Name: _____

Signature: _____

Note:

After the first three pre-paid orders, the normal account terms will be Net 30 days (from invoice date). AFA reserves the right to use the above credit card to pay past due invoices.

Credit Limit:

The credit limit on your account will be determined based on the average of the first three orders shipped to you. Based on account performance, credit limits may be adjusted upward or downward.

Late Fees:

Late fees of 1.5% per month will be assessed on all past due invoices.

Shipping:

All products are shipped **FOB Shipping Point**; the account holder is responsible for paying the freight and bears all risk of loss while the products are in transit. When you place your orders, be sure to indicate your preferred shipping method. Shipping methods offered are:

Domestic

United Parcel Service (UPS, Insured)
Priority Mail (Post Office)
First Class (Post Office)
Media Mail (Post Office)

International

Federal Express International (Insured)
Air Mail (U.S. Post Office)

**American Federation of Astrologers, Inc.
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Dealer Discounts (available only to customers with valid resale license or exemption certificate)

Purchases for resale receive a 40% discount on all AFA titles/products except Mercury Retrograde cards and Christmas Cards. Other titles/products are offered at discounts ranging from 10% to 40% depending on the source of the product; most are offered at 40%.

Public Lending Library Discounts

Public lending libraries receive the same discount available to dealers.

Teacher Discounts

The discount for teachers is ½ of the discount available to resale customers (e.g., AFA book = 40% to dealers, but only 20% to teachers, etc.)

Prices and discounts are subject to change without notification. Please check our website (www.astrologers.com) or call the office for the most recent price.

Acknowledgement of Terms:

The undersigned acknowledges that he/she has read the above terms and agrees to them if an account is opened for the applicant. The undersigned also agrees to pay account invoices promptly and authorizes AFA to use the above credit card, if any, to pay any past due balances.

Company Name: _____

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Note: All 3 pages of this application must be submitted. Unsigned or incomplete applications will not be processed.