



## APPLICATION FOR CREDIT

Thank you for your interest in our books. To expedite the establishment of your account, please complete and return this form. Thank you. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Company Name \_\_\_\_\_  
 Owners \_\_\_\_\_  
 Principal Officers \_\_\_\_\_  
 Accounts Payable \_\_\_\_\_  
 Address \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_  
 Phone # ( ) - Fax #: ( ) - \_\_\_\_\_  
 Email \_\_\_\_\_

### BUSINESS HISTORY

Credit Limit Requested? \$ \_\_\_\_\_  
 How long in business at your present location? \_\_\_\_\_ Years. Previous location? \_\_\_\_\_ Years.  
 Other locations and/or related ventures? \_\_\_\_\_  
 Your sales tax exemption number is: \_\_\_\_\_ (WA Only)

### REFERENCES

Bank \_\_\_\_\_ Account# \_\_\_\_\_  
 Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
 Bank Officer \_\_\_\_\_ Phone# ( ) - \_\_\_\_\_

### SUPPLIERS

Name _____	Phone# ( ) - _____	Fax# ( ) - _____
Name _____	Phone# ( ) - _____	Fax# ( ) - _____
Name _____	Phone# ( ) - _____	Fax# ( ) - _____
Name _____	Phone# ( ) - _____	Fax# ( ) - _____

**Terms of Sale:** Net 30

**Returns Policy:** Books damaged in shipment should be returned immediately for credit or replacement. Defective books may be returned for replacement or refund at any time.

**To ensure full credit on returns:** Please include invoice number and date; otherwise return will be credited @ 55%.

**Shipping:** Free shipping on orders of 25 or more books.

**Coop Advertising:** Contact your sales representative for coop opportunities.

To the best of my knowledge, the above information is true and correct.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Print name: \_\_\_\_\_