

CREDIT APPLICATION

TYPE OF BUSINESS (PLEASE CHECK ONE):

- RETAIL BOOKSTORE EDUCATIONAL WHOLESALER
 LIBRARY GIFT TRADE OTHER: _____

REGISTERED COMPANY NAME: _____

BILLING ADDRESS: _____

PHONE #: _____

SHIPPING ADDRESS: _____

PHONE #: _____

SPECIAL SHIPPING INSTRUCTIONS: _____

PURCHASING CONTACT NAME: _____

PURCHASING CONTACT EMAIL: _____

A/P CONTACT NAME: _____

A/P CONTACT EMAIL: _____

YEARS IN BUSINESS: _____ GST/HST #: _____

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS: _____

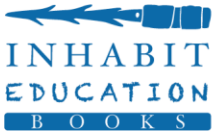
PHONE #: _____ CONTACT: _____

Do you want backorders? Yes No

Please note that we hold backorder shipments until they reach a 5-copy minimum (unless otherwise advised) to minimize shipping costs.

CREDIT LIMIT REQUESTED: \$ _____





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TRADE REFERENCES

1. COMPANY NAME & ADDRESS: _____

A/R CONTACT & EMAIL: _____

2. COMPANY NAME & ADDRESS: _____

A/R CONTACT & EMAIL: _____

3. COMPANY NAME & ADDRESS: _____

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All information provided will be kept strictly confidential.

Please note our terms of sale are net 30 days, full prepayment on first order. Credit against future purchases will be provided on returns if books are received in resaleable condition. We accept payment by credit card, EFT, cheque, or bank transfer.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

