



## Net 30 Credit Application

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Company Name

---

DBA (if different)

---

Main Contact Name and E-mail

---

Accounts Payable Contact Name and E-mail

---

Billing Address

---

Phone

Fax

---

Federal Tax ID or SS #

Tax Exempt #

---

Type of Business

---

Date Established

Are you a:  Corporation       Partnership\*       Sole Proprietorship

---

\*Name of Partners

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Is a purchase order required?     Yes     No

**Bank Reference:**

---

Name

---

Address

---

Bank Contact Name and Phone

**Trade Reference #1:**

---

Name

---

Address

---

Contact Name and Phone

**Trade Reference #2:**

---

Name

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Address

---

Contact Name and Phone

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PAGE 3 of 3

**Trade Reference #3:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Name and Phone

**Credit Card Guarantee**

If payment has not been received within the agreed term of net \_\_\_ days, we give Classical Academic Press permission to charge the following credit card for the outstanding balance. We understand that we will be charged a 1.5% late fee if payment is not received by the due date.

**Credit Card Type** (Visa/MC/Amex/etc.): \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

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