

Credit Application

Bill-to Information				Ship-to Information (if different from billing)			
Legal Name:				Legal Name:			
DBA:				DBA:			
Name of Parent company <i>if applicable</i> :				Name of Parent company <i>if applicable</i> :			
Address:				Address:			
City:				City:			
State/Country:		Zip Code:		State/Country:		Zip Code:	
Phone:		Fax:		Accounts Payable Contact Person:			
Website:				Phone:		Fax:	
Federal Tax ID:				Email:			
Are you exempt from paying sales tax? YES NO				Would you like your invoices mailed? YES NO			
<i>If yes, please attach a copy of your state's sales tax exemption form.</i>				<i>* Invoices will be emailed to the Accounts Payable contact unless otherwise specified. If mailed, invoices will be mailed to the billing address to the attention of the Accounts Payable contact listed.</i>			
In Business Since:				Credit Amount Requested:			
Type of Business – CHECK ONE BOX FROM EACH LINE							
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bookstore	<input type="checkbox"/> Gift/Specialty	<input type="checkbox"/> Online Retailer	<input type="checkbox"/> Mail Order/Catalog	<input type="checkbox"/> Wholesaler/Distributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):							

Do you wish to buy on returnable or non-returnable terms? Please check one: RETURNABLE _____ NON-RETURNABLE _____

Would you like us to backorder titles that are currently unavailable or out of stock? YES _____ NO _____

Would you like us to backorder titles that are Not Yet Published (NYP)? YES _____ NO _____

Please indicate how long you want backorders to remain open? 3 mo. _____ 6 mo. _____ Other _____

How often would you like Not Yet Published (NYP) / Backorder (BO) titles to be shipped? As available _____ Weekly _____ Monthly _____ Quarterly _____

Additional Contacts			
Title	Name	Email Address	Phone Number
Buyer Contact:			
Purchasing Contact:			
Shipping/Receiving Contact:			

TRADE REFERENCES: Please provide a minimum of three business references. Publishing references are preferred. Do not include utility companies or companies in which you are on prepaid terms. If you need additional space for reference, you may also attach your credit reference sheet.

Company Name:

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Contact Name: _____ **Telephone:** _____

Account #: _____ **Fax:** _____

Company Name:

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Contact Name: _____ **Telephone:** _____

Account #: _____ **Fax:** _____

Company Name:

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Contact Name: _____ **Telephone:** _____

Account #: _____ **Fax:** _____

By signing below, I certify that all information is correct to the best of my knowledge. You are authorized to contact the references provided. You are authorized to send me printed and/or emailed information about your company.

Name: _____ Title: _____

Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Sales Rep		Sales Channel		K C or I		3-digit Country Code		Backorders Y/N	
Catalogs		Payment Terms		Discount		FF or FOB		Returnable Y/N	
Customer Type		Sales Territory (INTL only)							

Additional Notes: