

Account Application

Arcadia Publishing

210 Wingo Way, Suite 200, Mt. Pleasant, SC 29464

Phone: 843.853.2070 or 888.313.2665

E-mail: retailers@arcadiapublishing.com



A R C A D I A P U B L I S H I N G

SECTION 1—BUSINESS/BILLING INFORMATION

REGISTERED COMPANY NAME _____

TRADING COMPANY NAME (if different) _____

OWNER(S) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____

EMAIL FOR INVOICES AND STATEMENTS: _____

WHAT TYPE OF BUSINESS IS THIS? _____

RESALE LICENSE # _____ FEDERAL I.D. # _____

OWNERSHIP

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Gov't Agency |
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Institution |

WHEN DID THIS BUSINESS BEGIN?

PLEASE NOTE: Per state tax guidelines, a fully executed copy of the Tax Exempt certificate MUST be submitted for tax free orders. Requirement is not applicable for AK, DE, MT, OR, and NH

 Check here if same as above information

SHIPPING INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT INFORMATION

CONTACT NAME _____ PHONE # _____ Cell # _____ EMAIL _____

SECTION 2—BANK INFORMATION/REFERENCES

- FILL THIS OUT ONLY IF YOU ARE APPLYING FOR A LINE OF CREDIT.
- This information is given for the purpose of obtaining credit and is warranted to be true.
- I/We authorize ArcadiaPublishing to investigate the references listed pertaining to my/our credit and financial responsibilities.

DUN AND BRADSTREET NUMBER _____

BANK NAME _____ ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

SUPPLIER _____ ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____ EMAIL _____

Please note that all our goods supplied are subject to that interest is chargeable on overdue accounts.

The signatories to this account application represent that they have the authority to bind their respective organization to this agreement, and affirm payment of any associated accounts due.

SIGNED _____

POSITION/TITLE _____ DATE _____