

Application For Credit



All information must be provided. It will be held strictly confidential.

Please Note: Minimum \$25.00 purchase per catalog order or store charge.

NAME OF ORGANIZATION OR BUSINESS APPLYING FOR CREDIT			YEARS IN OPERATION	
ADDRESS			YEARS AT THIS ADDRESS	
CITY, ST	COUNTY	ZIP	AREA CODE	PHONE
E-MAIL ADDRESS			FAX #	

Business:

Corporation

Check here if incorporated within past 12 months

Partnership

Individual

Not-for-profit organization:

Private School/University

Charter School - Please list sponsoring entity _____

Parochial School (Less Than 20 Years Old)

Private Agency

Other _____

1. _____
NAME(S) OF PRINCIPAL(S) ADDRESS ZIP

2. _____

3. _____

4. _____

For tax-exempt status, please fax a copy of your certificate and include # here: _____

BANK	BANK ADDRESS
BANK OFFICER OR DEPARTMENT	PHONE

References:

1. _____
BUSINESS NAME COMPLETE ADDRESS ZIP PHONE

2. _____

3. _____

We certify that all the information on this form is correct. We understand your credit terms are net 30 days and agree to the proper payment in consideration of extended credit.

Signature

Printed Name

Title

Date

Please do not write in this box. Office use only.

	Initials	Date
<input type="checkbox"/> References checked by:	_____	_____
<input type="checkbox"/> Credit approved by:	_____	_____
<input type="checkbox"/> Credit refused by:	_____	_____
<input type="checkbox"/> Entered on A+ System:	_____	_____
Cust. # _____	Credit Amt: _____	