

# Instant Credit Form



All information will be held strictly confidential.

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

### ORGANIZATION TYPE:

Public School/University

Government Agency

Church-Affiliated Day Care

Parochial School (Over 20 years old)

Library

Charter School: **Use Credit Application**

Head Start

Church

All Others: **Use Credit Application**

ORGANIZATION NAME \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_

CITY, ST \_\_\_\_\_

COUNTY \_\_\_\_\_

ZIP \_\_\_\_\_

AREA CODE \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FAX # \_\_\_\_\_

**BILLING ADDRESS** (If different than above) \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

### AUTHORIZED BUYERS (OPTIONAL)

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

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 \_\_\_\_\_

### TAX EXEMPT STATUS

Not-for-profit organizations must include tax number for tax exempt status:

Tax ID Number \_\_\_\_\_

State \_\_\_\_\_

Please fax a copy of your certificate along with this application.

### FOR OFFICE USE ONLY

NEW CUSTOMER NUMBER \_\_\_\_\_

ENTERED ON A+ SYSTEM

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

NOTES: \_\_\_\_\_