

## Application for Credit

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



Name of Organization or Business Applying for Credit

Years in Operation

Street Address

Years at this Address

City, State

County

Zip Code

Area Code Phone

E-mail Address

Fax #

### Business:

☐ Corporation

1)

Name(s) of Principal(s)

Address

Zip

☐ Check here if incorporated  
within the past 12 months

2)

☐ Partnership

3)

☐ Individual

4)

### Not-for Profit Organization:

☐ Private School/University

☐ Charter School – Please list sponsoring entity

☐ Parochial School (less than 20 years old)

☐ Private Agency

☐ Other

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

☐ References checked by:

☐ Credit Approved by:

☐ Credit refused by:

☐ Entered on system:

Cust. #

Credit Amt:

Return to: United Art and Education, Inc., PO Box 9219, Fort Wayne, IN 46899-9219

Email: [info@unitednow.com](mailto:info@unitednow.com)

Phone: 1-800-322-3247

Fax: 1-800-858-3247

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