

NEW ACCOUNT INFORMATION

GENERAL INFORMATION

IMPORTANT: EVERY NEW ACCOUNT MUST HAVE THESE FORMS COMPLETED AND SIGNED

Credit Application for: **THE ROWMAN & LITTLEFIELD PUBLISHING GROUP**

Name of Business:		Dun & Bradstreet Number:	
DBA Name:		Owners Name:	
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Telephone #:	Fax #:	A/P Manager:	A/P Manager's #:
Check where applicable <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership		Federal Tax I.D. #:	- or - Social Security #:

ACCOUNT INFORMATION

When did this business begin?	What type of business is this?	Do shipments require P.O. #? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do shipments require dept. #? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a change of ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list former business name:	Account number (if applicable):	

BANKING REFERENCES

Principle Bank:	Bank Officer:	Fax #:	Telephone #:
Address:	City:	State:	Zip:

TRADE REFERENCES

Name:	Account #:	Fax #:	Telephone #:
Address:	City:	State:	Zip:
Name:	Account #:	Fax #:	Telephone #:
Address:	City:	State:	Zip:
Name:	Account #:	Fax #:	Telephone #:
Address:	City:	State:	Zip:

MERCHANDISE DISTRIBUTION PLEASE ITEMIZE BRANCH STORES TO WHICH YOU WILL BE DISTRIBUTING OUR MERCHANDISE

Store Name	Store # / Mark For	Dept. #	Store Address (City, State, and Zip)
1			
2			
3			
4			
5			

- APPLICANT FINANCIAL DISCLOSURE -

APPLICANT MUST ATTACH COMPLETED UNIFORM SALES AND USE TAX CERTIFICATE TO BE CONSIDERED FOR APPROVAL.

I have read and understand the CONDITIONS OF SALE associated with this agreement.

This information is given for the purpose of obtaining credit and is warranted to be true. I/We authorize The Rowman & Littlefield Publishing Group to investigate the references listed pertaining to my/our credit and financial responsibilities.

Authorized Signature: X	Title:	Date:
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