



CONFIDENTIAL CREDIT APPLICATION

Fax completed form toll free to 866-715-8316

BILLING INFORMATION

Company Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Accts. Receivable E-mail _____

SHIPPING INFORMATION

Company Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Purchasing Dept. E-mail _____

Type of Business _____ Date Established _____

Sole Owner _____ Partnership _____ Corporation _____

Is above address a residence or business address? Residential Business

Resale Number # (required) _____

Dun & Bradstreet # _____ Est. mthly \$ volume _____

Names, Addresses & Phone Numbers of Principals: _____

Are you applying for credit terms or do you prefer prepayment for orders? Prepay Account Net 30 Terms

Learning Advantage does not keep credit card information on file. You will be asked to provide credit card information upon placing new orders.

Trade References: (attach additional sheet if necessary)

| Name | Address | Phone | Fax |
|----------|---------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Bank (business checking) _____

Bank Address _____

Purchasing Agent _____ Bank Phone _____

Signature/Title _____ Date _____