



CONFIDENTIAL ACCOUNT APPLICATION

BUSINESS LOCATION	
NAME OF THE COMPANY: _____	OWNED SINCE: _____
BILLING ADDRESS:	
Address: _____	City: _____
State/Zip: _____ Phone: _____	Fax: _____
E- mail Address: _____	Accounts Payable Contact: _____
SHIPPING ADDRESS, IF DIFFERENT FROM ABOVE:	
Address: _____	City: _____
State/Zip: _____ Phone: _____	Fax: _____
E- mail Address: _____	Contact: _____

REFERENCES	
REQUESTED CREDIT LINE: _____	
BANK NAME: _____	ACCOUNT#: _____
Address: _____	City: _____ State/Zip: _____
Phone: _____	Contact: _____
PUBLISHER REFERENCES (LIST 3): PLEASE SUPPLY REFERENCES THAT SUPPORT REQUESTED CREDIT LINE.	
NAME: _____	ACCT#: _____
ADDRESS: _____	
PHONE: _____	FAX: _____
NAME: _____	ACCT#: _____
ADDRESS: _____	
PHONE: _____	FAX: _____
NAME: _____	ACCT#: _____
ADDRESS: _____	
PHONE: _____	FAX: _____

NONPROFITS: Please provide your 5013C#: _____	
I HEREBY CERTIFY: The information provided in this credit application is submitted only for the purpose of obtaining credit with Judson Press and is warranted to be true, correct, and complete. The Company authorizes any credit investigation necessary for verification.	
The Company acknowledges responsibility for charges to our account and promises to pay same within the payment and credit policies set by Judson Press. The Company also agrees that should Judson Press institute collection on our account, the Company will pay reasonable attorney fees and costs incurred in the pursuit of collection, including court costs.	
CREDIT TERMS & POLICIES: Net 30 days from invoice date; 1% per month service charge on past due balance.	
AUTHORIZED SIGNATURE: _____	TITLE: _____
PRINT NAME: _____	DATE: _____

Attention: Ron Freeland
JUDSON PRESS ~ P.O. BOX 851 ~ VALLEY FORGE, PA 19482-0851
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