



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:** _____