



CREDIT APPLICATION



Member of the School Specialty Family

In order to establish an account with School Specialty and to acknowledge terms and conditions of sale, the undersigned makes the following statements:

GENERAL INFORMATION			Credit Amount Requested: \$	
Applicant (Complete Business Name)			Phone #	
Street Address			Fax #	
City	State	Zip Code	Email Address	
Mailing Address (if different)	City	State	Zip Code	A/P Contact Person

STYLE OF ORGANIZATION

<input type="checkbox"/> Corporation	Incorporated under the laws of the state of:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietor	Type of Business
How long in Business (# of years)	<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-taxable	Tax will be charged unless exemption certificate is provided	Tax Exempt #

OWNERS, PARTNERS, OR CORPORATE OFFICERS

Name & Title	
Name & Title	

CREDIT REFERENCES

Name	Account #	Phone #
Address	City	State
		Zip Code
Name	Account #	Phone #
Address	City	State
		Zip Code

BANK REFERENCES

Bank Name	Account #	Contact
Address		Phone #
Bank Name	Account #	Contact
Address		Phone #

CREDIT PURCHASE AGREEMENT

Applicant authorizes School Specialty to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit terms on our invoice or, if none appear, according to the terms of Net 30. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within 30 days of any change in style of business organization, financial condition or controlling ownership. Applicant agrees to pay a service charge of 1-1/2% per month or the maximum allowed by law, on any past due balances and if the account is placed for collection, agrees to pay all costs of collection, including reasonable attorney fees.

Applicant		
Signature	Title	Date

**Return via Fax: (877) 222-8327 or
Email: creditdept@schoolspecialty.com**