



**Educational Development Corporation
CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION

Business name:

Phone:

Fax:

Website:

Business address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

*****PLEASE SEND RESALE CERTIFICATE*****

BUSINESS AND CREDIT INFORMATION

Billing address:

City:

State:

ZIP Code:

Accounts Payable Contact:

Telephone:

Fax:

E-mail:

Principal Owners Names:

Home address:

Phone:

City:

State:

ZIP Code:

Home address:

Phone:

City:

State:

ZIP Code:

BUSINESS/TRADE REFERENCES

PLEASE DO NOT USE BAKER & TAYLOR, INGRAM, PENGUIN, OR RANDOM HOUSE AS THEY WILL NOT VERIFY CREDIT HISTORY

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

AGREEMENT

1. All invoices are to be paid 60 days from the date of the invoice.
2. Claims arising from invoices must be made within 30 working days.

SIGNATURES

Title:

Date:

Title:

Date: