

# Business / Credit Application

Llewellyn • Midnight Ink • Flux • Llewellyn Español

Please print on line  
above description

Select One:  I am applying for terms (complete entire form)  
 I will be paying with credit card or prepaying with money order (complete sections A & B)

## A. Company Information

Full Legal Name / Business Entity		Phone #	Fax #
Doing Business As (DBA) if different from above			
Business Street Address (no P.O. Box #s please)		City	State Zip
Billing Address (if different from above)		City	State Zip
<b>Company Type:</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <b>Business Location:</b> <input type="checkbox"/> Commercial Building <input type="checkbox"/> Residential Home			
No. of Employees	Year Business Established	Annual Sales	Type of Business
Federal Tax ID (If Incorporated)		State of Incorporation	State Tax Exempt # ( <b>ATTACH COPY of Resale Certificate</b> )
E-Mail Address(es)		Website Address	Anticipated Monthly Llewellyn Sales

## B. Owner or Responsible Officer Information

(1) Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #
(2) Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #

## C. Trade Credit Reference (Bookstores, Publishers Preferred) Complete only if you are requesting terms.

(1) Company Name	Phone #	Fax #	Account #
Address	City	State	Zip
(2) Company Name	Phone #	Fax #	Account #
Address	City	State	Zip
(3) Company Name	Phone #	Fax #	Account #
Address	City	State	Zip

## D. CREDIT AGREEMENT

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title (Sign only if you are requesting terms or pre-payment by check)

Date

Mailing Address: 2143 Wooddale Drive  
Woodbury, MN 55125-2989

Phone: 651-291-1970 • Toll-free: 1-800-843-6666  
FAX: 651-291-1908