



# Credit Application

The NBN Credit Department  
15200 NBN Way • Blue Ridge Summit, PA 17214  
(717) 794-3800 • Fax (717) 794-3804

## NEW ACCOUNT INFORMATION

### GENERAL INFORMATION

**IMPORTANT:** EVERY NEW ACCOUNT MUST HAVE THESE FORMS COMPLETED AND SIGNED

Credit Application for: **NATIONAL BOOK NETWORK**

Name of Business:		Dun & Bradstreet Number:	
DBA Name:	Owner's Name:		
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	A/P Manager:	A/P Manager's Number:
Check where applicable: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership		Federal Tax I.D. Number:   –or–	Social Security Number:

### ACCOUNT INFORMATION

When did this business begin?	What type of business is this?	Do shipments require P.O. number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do shipments require dept. number? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this is a change of ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list former business name:		Account number (if applicable):

### BANKING REFERENCES

Principle Bank:	Bank Officer:	Fax #:	Telephone #:
Address:	City:	State:	Zip:

### TRADE REFERENCES

Name:	Account #:	Fax #:	Telephone #:
Address:	City:	State:	Zip:
Name:	Account #:	Fax #:	Telephone #:
Address:	City:	State:	Zip:
Name:	Account #:	Fax #:	Telephone #:
Address:	City:	State:	Zip:

### MERCHANDISE DISTRIBUTION PLEASE ITEMIZE BRANCH STORES TO WHICH YOU WILL BE DISTRIBUTING OUR MERCHANDISE

	Store Name	Store Number / Mark For	Dept. Number	Store Address (City, State, and Zip)
1				
2				
3				
4				
5				

### • APPLICANT FINANCIAL DISCLOSURE •

**APPLICANT MUST ATTACH COMPLETED UNIFORM SALES AND USE TAX CERTIFICATE TO BE CONSIDERED FOR APPROVAL.**

I have read and understand the CONDITIONS OF SALE associated with this agreement.

This information is given for the purpose of obtaining credit and is warranted to be true. I/We authorize National Book Network to investigate the references listed pertaining to my/our credit and financial responsibilities.

Authorized Signature:	Title:	Date:
<b>X</b>		