



Please return completed credit application to fax # 815-759-9556 or scan and email to: FSSCredit@follett.com

CREDIT APPLICATION

BILL TO:

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
 YEARS IN BUSINESS: _____ A/P CONTACT: _____ BUS. PHONE: _____
 FAX: _____ E-MAIL : _____ WEBSITE: _____

SHIP TO IF DIFFERENT FROM BILLING (If multiple locations, please attach list):

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
 YEARS IN BUSINESS: _____ BUS. PHONE #: _____ FAX #: _____
 E-MAIL : _____ WEBSITE: _____

REQUESTED CREDIT LIMIT: \$ _____ **TAXABLE:** YES NO (If no, please provide copy of exemption certificate)

**Credit Limit requests greater than \$10,000.00 may require two years of audited financial statements*

BUSINESS TYPE: DISTRICT CHARTER SCHOOL PRIVATE SCHOOL OTHER _____

WHAT TYPE OF PRODUCT WILL YOU BE ORDERING? CONTENT (TEXTBOOKS/CLASSROOM) LIBRARY TECH

BILLING REQUIREMENTS: WRITTEN PO VERBAL PO NO PO REQUIREMENTS

CREDIT INFORMATION

Bank Name: _____ Phone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account Number: _____ Account Number: _____
 Account Type: Checking Account Type: Savings

TRADE REFERENCES:

1. Name: _____ Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Account No. _____ Fax: _____
2. Name: _____ Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Account No. _____ Fax: _____
3. Name: _____ Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Account No. _____ Fax: _____

The undersigned hereby applies for credit with Follett School Solutions and by doing so authorizes Follett School Solutions, in connection with the establishment and maintenance of the account, to make such inquiries as deemed necessary. The undersigned warrants the foregoing answers are true and accurate in every respect and that our entity is financially able to meet any commitments we have made and will honor all invoices according to terms. This agreement will be governed in accordance with the laws of the state of Illinois.

Authorized Signature: _____ Title: _____
 (Must be signed by the person authorized to make payments)

Printed Name: _____

Date: _____