



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 Manger's Number: _____

Check where applicable: _____ Federal Tax I.D. Number: _____ -or- Social Security Number: _____
 Corporation Partnership Sole Ownership

ACCOUNT INFORMATION

When did this business begin? _____ What type of business is this? _____ Do shipments require P.O. number? Yes No Do shipments require dept. number? Yes No

Is this a change of ownership? Yes No If yes, list former business name: _____ Account number (if applicable): _____

BANKING REFERENCES

Principle Bank: _____ Bank Officer: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

TRADE REFERENCES

Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Account Number: _____

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: _____

X