



**Terms Net 30 Day Credit Application**

---

Company Name

---

DBA (if different)

---

Main Contact Person Name/Email

---

Accounts payable Contact Name/Email

---

Address

---

Phone

Fax

---

Federal Tax ID or SS #

Tax Exempt #

---

Type of Business

---

Date Established

Are you a:  Corporation  Partnership\*  Sole Proprietorship

---

\*Name of Partners



Is a purchase order required?     Yes    No

**Bank Reference:**

---

Name

---

Address

---

Contact Name and Phone

**Trade Reference #1:**

---

Name

---

Address

---

Contact Name and Phone

**Trade Reference #2:**

---

Name

---

Address

---

Contact Name and Phone



**Trade Reference #3:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Name and Phone

**Credit Card Guarantee**

If payment has not been received within the agreed term of net \_\_\_\_ days, we give Classical Academic Press permission to charge the following credit card the outstanding balance. We understand that we will be charged a 1.5% late fee if the credit card payment cannot be successfully charged.

**Credit Card Type:** (Visa/MC/Amex etc): \_\_\_\_\_

**Number on the card:** \_\_\_\_\_

**Name on the card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVV Code (on back of card)** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**