

# New Account Application

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Please print on line

- Select One:**  I am applying for terms (complete entire form and sign under authorized signature)  
 I will be paying with credit card (complete entire form and sign under authorized signature)

## A. Company Information

|  |  |              |  |
|--|--|--------------|--|
| Full Business Name   | Phone #  | Fax #        |  |
| Doing Business As (DBA) if different from above  |  |              |  |
| Describe your business: <input type="checkbox"/> New Age/Metaphysical <input type="checkbox"/> Health/Herb <input type="checkbox"/> Gift Shop <input type="checkbox"/> Trade <input type="checkbox"/> Other: _____ |  |              |  |
| 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"/> Sole Owner <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 | <b>Type of Business:</b> <input type="checkbox"/> Store Front <input type="checkbox"/> Store Front/Online <input type="checkbox"/> Online Only |
| Federal Tax ID (If Incorporated)   | State of Incorporation   |              |  |
| State Resale Certificate # ( <b>ATTACH COPY—Required</b> ) <i>Also REQUIRED for Minnesota Businesses: Attach a copy of your ST3 form.</i>  |  |              |  |
| Email Address(es)  | Website Address  |              |  |

## B. Owner or Responsible Officer Information

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

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

|                  |           |         |       |
|------------------|-----------|---------|-------|
| (1) Company Name | Account # | Phone # | Email |
| Address          | City      | State   | Zip   |
| (2) Company Name | Account # | Phone # | Email |
| Address          | City      | State   | Zip   |
| (3) Company Name | Account # | Phone # | Email |
| 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 the 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.

## E. AUTHORIZED SIGNATURE

Authorized Signature/Title **REQUIRED**

Date

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

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