

SAGE
Corwin Press
2455 Teller Road
Thousand Oaks, CA 91320

800-732-0199, x7254 Credit Dept Phone
805-375-1724 Credit Dept. Fax
800-831-6640 Corwin Phone
800-417-2466 Corwin Fax

Credit Application

*Indicates an optional field that may not be applicable

Company Name _____ *Web Address _____
 Billing Address _____ Shipping Address _____

 City, State, Zip _____ City, State, Zip _____
 General Contact _____ A/P Contact _____
 *Email Address _____ *Email Address _____
 Phone () - _____ A / P P h o n e () _____

Type of Entity: Association Bookstore (College or Retail) Business Retail Teacher Store (RTS) Wholesaler
(Please circle one)

Credit Line Desired \$ _____ Do you order via EDI and/or PUBNET? Y N If so, what is your SAN #? _____
(Please circle one)

Year Founded _____ *State of Incorporation _____ *Year of Incorporation _____

Are you exempt from sales tax? Y N What is your Federal Tax ID #?: _____
(Please circle one. If "Y", please submit a copy of your exemption documentation or sellers permit with this application)

Do you use purchase orders? Y N *Are they formal (i.e. printed form) or informal (i.e. letterhead)? F I
(Please circle one) (Please circle one)

Are you owned by a larger entity? Y N If "Y", what is the entity's name? _____
(Please circle one)

Trade Ref.#1 _____ Contact _____
 Address _____ P h o n e () - _____
 C,S,Z _____ F a x : () - _____

Trade Ref.#2 _____ Contact _____
 Address _____ P h o n e () - _____
 C,S,Z _____ F a x : () - _____

Trade Ref.#3 _____ Contact _____
 Address _____ P h o n e () - _____
 C,S,Z _____ F a x : () - _____

Bank _____ Account # _____
 Address _____ Phone () - _____
 Contact _____ Fax: () - _____

I hereby authorize the above named individuals to release information to Sage Publications for the purpose of establishing credit.

Authorized by _____ Title _____
Please print your name Please print your name
 Signature _____ Date _____