

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Business Contact Information	Company name:		
	Registered company address:		
	City:	State:	Zip:
	Phone:		
	Fax:		
	E-mail:		

Ownership	Name (President):		
	Address:		
	City:	State:	Zip:
	Phone:		
	Fax:		
	E-mail:		

Finance	Bank name:		
	Bank address:		
	City:	State:	Zip:
	Phone:		
	Type of Account & Account Number:		
	<input type="checkbox"/> Savings # <input type="checkbox"/> Checking # <input type="checkbox"/> Other #		

Business/Trade References	Company name:		
	Address:		
	City:	State:	Zip:
	Phone:		
	Fax:		
	E-mail:		
Type of Account:			

Business/Trade References	Company name:		
	Address:		
	City:	State:	Zip:
	Phone:		
	Fax:		
	E-mail:		
	Type of Account:		

Business/Trade References	Company name:		
	Address:		
	City:	State:	Zip:
	Phone:		
	Fax:		
	E-mail:		
	Type of Account:		

Credit Card Authorization (optional)	Type: <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Account No:	Expiration date:	
	Cardholder's Name (as it appears on card)		I authorize National Association of State Contractors Licensing Agencies (NASCLA) to charge purchases of products to the listed credit card. This authorization will remain in effect until written notice of cancellation.	
	Card billing address:			
	City:	State:		Zip:
	Phone:			
	Print cardholder's name as it appears on the card:		Cardholder's Signature:	Date:

Agreement	
1. All invoices are to be paid within 30 days from the date of the invoice. 2. No returns after 30 days. 3. If you return books from your purchase order, and your purchase order falls below the 20 book minimum for the discounted rate, the difference will be billed to your company at the retail rate.	

Signatures	
Title:	Title:
Date:	Date: