



HENDRICKSON PUBLISHERS

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PHONE: 978-532-6546 FAX 978-531-8146

HP ACCT # _____

MARKETING GROUP: _____

Credit Application Information

Company name _____

Address _____

City, state, zip _____

E-MAIL ADDRESS _____

Phone Number (_____) FAX (_____)

Year Business Opened _____ No. of years at this location _____ * Tax ID # _____

Sales contact _____ PH _____ Fax _____ E-mail _____

Accounts payable contact _____	Phone Number (_____)	FAX (_____)
Accounts payable address (if different) _____		
City, state, zip _____	A/P E-mail _____	

Ownership	Name of owner _____	PH# (_____) _____
	Home Address _____	City _____ State _____ Zip _____
	Name of owner _____	PH# (_____) _____
	Home Address _____	City _____ State _____ Zip _____

Trade References	Company Name _____	Acct# _____	PH# (_____) _____
	Address _____	City _____	State _____ Zip _____
	Company Name _____	Acct# _____	PH# (_____) _____
	Address _____	City _____	State _____ Zip _____
	Company Name _____	Acct# _____	PH# (_____) _____
	Address _____	City _____	State _____ Zip _____

Comments: _____

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

Authorized Signature _____

Print Name _____

Title _____ Date _____

Type of Business

Retail Store(s)

Internet Only

Cataloger

Ministry – *Non Profit

Library

Doing Business as

Sole Proprietorship

Partnership

Corporation in state of _____

LLC in state of _____

Credit approved Amount \$ _____ Credit Disapproved By _____ Date _____