



9335 Interline Avenue • Baton Rouge, LA • 1-888-322-4377

Credit Application Form # 0703

Please fax application to 1-888-628-5678 or email customerservice@teacherdirect.com. Should you have any questions regarding this application, we can be reached at 1-888-322-4377.

Business Name: (Please Print) Date:

Phone: (Include Area Code) Fax: (Include Area Code) Years in business:

Owner(s) Name(s): (Please Print) Manager Name: (Please Print)

E-Mail: Signature:

Bill To Address: Attention: Street: City: State: Zip: Parish/Country:

Ship To Address: Attention: Street: City: State: Zip: Parish/Country:

If tax exempt, please send copy of tax certificate.

Years located at current address: If less than two years, what was the previous address?: Street: City/State/Zip:

Bank Reference

Bank Name: Branch: Account #: Contact Person: Address: City/State/Zip:

Supplier References (Please complete 3 references)

Name: Phone: Address: City/State/Zip: Name: Phone: Address: City/State/Zip: Name: Phone: Address: City/State/Zip:

We believe our firm is financially able to meet any commitments we have made and we expect to pay all invoices according to terms: Net 30 days. I understand a service charge of 1 1/2% per month will be charged on past due accounts, plus cost of collection and attorney fees. I personally guarantee payment of any and all indebtedness of the account and agree to be bound by the above terms and conditions.

Signature: Title: Date:

For Office Use Only

Date Approval: Customer #: Signature: