

BAKER & TAYLOR

PUBLISHER SERVICES

30 Amberwood Parkway
Ashland, Ohio 44805
Phone: 888.814.0208
Fax: 419.281.0200

Dear Valued Customer,

To apply for an open line of account credit, please complete and return this credit application for processing.

Please be sure to include:

- 1) Complete contact information for you and your references. Full contact information consists of:
 - A complete address
 - A fax number and/or email address
- 2) The credit line you are requestin
- 3) A completed and signed credit information release authorization form
- 4) Preprinted credit information may be included, but missing information must be completed on credit application and this application must be signed

The above items are required and – if not provided – will result in denial of your credit application.

If applicable, please ensure you also include your freight routing guide and state issued resale license or tax exemption certificate with your application.

Please be advised that the pricing and discounts are subject to change. All orders will be invoiced at the price and discount in effect at the time the order is processed. The current pricing will supercede any pricing or discount information shown on the purchase order. You agree to these stipulations if you choose to proceed with the completion and submission of this credit application.

If you have any questions or need assistance completing this application, please do not hesitate to contact us.

Sincerely,
Credit Department
30 Amberwood Parkway
Ashland, Ohio 44805
Phone: 888.814.0208
Fax: 419.281.0200
Email: orders@btpubservices.com

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Reason for Applying: <input type="checkbox"/> New Orders Pending <input type="checkbox"/> New Account <input type="checkbox"/> Increase Credit Limit			
Credit Line Requested: \$			
Account Name			Year Founded
Corporate Office Address (Include Suite or Floor #)			
City	State	Zip Code	Country
Telephone #		Fax #	
Contact Person		Email Address	
Please Provide: <input type="checkbox"/> Corporation (State Incorporated In:) <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> State Agency			
Federal ID #	State ID #	SAN #	
*Tax Exempt #		*Resale License #	

*Include your state-issued resale license or tax exemption certificate with your application if applicable.

Purchasing Contact			
Address			
City	State	Zip Code	Country
Telephone #	Fax #	Email Address	

Accounts Payable Contact			
Address			
City	State	Zip Code	Country
Telephone #	Fax #	Email Address	

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Bank Reference		
Bank Name		Contact Person
Address		
City		State Zip Code
Your Account #	Fax #	Email Address

Trade References		
Company Name #1		
Address		
City		State Zip Code
Your Account #	Fax #	Email Address

Company Name #2		
Address		
City		State Zip Code
Your Account #	Fax #	Email Address

Company Name #3		
Address		
City		State Zip Code
Your Account #	Fax #	Email Address

ALL ORDERS MUST BE PREPAID UNTIL CREDIT IS APPROVED

We certify that all information contained herein is true and accurate. We understand the standard terms under which credit is granted is 30 days net from invoice date and agree to remit payments in consideration for credit extended. In the event of a delinquency, we agree to pay all reasonable collection costs.

Application Completed By	Signature	Title	Date
FOR INTERNAL USE ONLY	PROCESSED BY:	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENIED	MGR INITIALS

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CREDIT INFORMATION RELEASE AUTHORIZATION

I, _____ hereby authorize the release of credit information
(Your Name)

regarding _____, to Baker & Taylor Publisher Services for
(Organization Name)

the purpose of obtaining an open line of credit.

(Authorized Signature)

(Date)

(Printed Name)

(Title)

(Telephone #)