

WHOLESALE ACCOUNT APPLICATION

		CHIRDING INFORMATION:					
BILLING INFORMATION:				SHIPPING INFORMATION:			
Company Name:				Company Name:			
Address:				Address:			
City, State, Zip:				City, State, Zip:			
Phone:				Phone:			
A/R Contact:				Contact:			
A/R Email:				Email:			
				Is the location above a residence or business address?			
PURCHASING AGENT INFORMATION:				FREIGHT FORWARDER INFORMATION:			
Contact:				Company Name:			
Phone:				Address:			
Email:				City, State, Zip:			
Business Type:		Date Est:		Phone:			
				Contact:			
				Email:			
Dunn & Bradstreet #:				Posalo /	Tay ID #1		
Dunn & braustieet #.				Resale / Tax ID #: Required - please provide a copy of the certificate.			
Names, Addresses and Phone Numbers of Principals:							
Name:		Address:				Ph:	
Name:		Address:				Ph:	
Name:		Address:				Ph:	
Type of credit terms:	_]			_	
Learning Advantage does not keep credit card information on file. You will be asked to provide credit card information upon placing orders.							
TRADE REFERENCES: Attach additional sheet if necessary.							
Company Name							
		Address:				Ph:	
		Address:				Ph:	
3		Address:				Ph:	
BANKING INFORMATION							
Financial Institution Name:							
Address:			City:		State:	Zip:	
Contact:							
Phone:			Email:				

Please return completed form to info@learningadvantage.com with a copy of a resale certificate, tax ID documentation, or DR 0563 Sales Tax Exemption Certificate .