



## WHOLESALE ACCOUNT APPLICATION

### BILLING INFORMATION:

Company Name:
Address:
City, State, Zip:
Phone:
A/R Contact:
A/R Email:

### SHIPPING INFORMATION:

Company Name:
Address:
City, State, Zip:
Phone:
Contact:
Email:

Is the location above a residence or business address?

### PURCHASING AGENT INFORMATION:

Contact:	
Phone:	
Email:	
Business Type:	Date Est:

### FREIGHT FORWARDER INFORMATION:

Company Name:
Address:
City, State, Zip:
Phone:
Contact:
Email:

Dunn & Bradstreet #:

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

1	Address:	Ph:
2	Address:	Ph:
3	Address:	Ph:

### BANKING INFORMATION

Financial Institution Name:			
Address:	City:	State:	Zip:
Contact:			
Phone:	Email:		