

**Credit Application**  
**Chicago Distribution Services**  
**11030 S. Langley Ave Chicago IL 60628**

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**Credit and Collections Department**  
**(800) 521-8412 or (773) 702-7094**  
**FAX: (800) 621-8471 or (773) 702-7201**

**Customer Service/Order Department**  
**(800) 621-2736 or (773) 702-7000**  
**FAX: (800) 621-8476**

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Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

email address \_\_\_\_\_

Type of Business: Corporation ( ) Partnership ( ) Sole Proprietor ( )

Number of years in business \_\_\_\_\_ SAN # \_\_\_\_\_

Resale ID number or tax exempt certificate (*Please include copy*) \_\_\_\_\_

**Check the Designation(s) that best describe(s) your business:**

( ) General Retail Bookstore ( ) Specialty Retail ( ) College Bookstore ( ) Trade Wholesaler  
( ) Catalogue Bookseller ( ) Other (please specify) \_\_\_\_\_

Owner/Partner/Officer Name/Title/Address

1) \_\_\_\_\_

2) \_\_\_\_\_

***IF INVOICES SHOULD BE MAILED TO AN ADDRESS OTHER THAN THE ABOVE, PLEASE LIST THE BILL TO:***

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

***PAYMENT TERMS:***

***Payment is due within thirty (30) days of invoice date. Orders placed before credit is established must be paid in advance before shipments can be released (we do allow COD shipments through UPS). Until credit is established, all orders must be prepaid.***

***\*\*\*\*\*TRADE REFERENCES\*\*\*\*\****

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Acct # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Acct # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Acct # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_