

**1 NAME/ADDRESS**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2 COMPANY INFORMATION**

Institution Type:

Corporation  
Partnership  
Proprietorship  
Other \_\_\_\_\_

Date Established \_\_\_\_\_  
FEIN Number (Please attach copy) \_\_\_\_\_  
Tax Exempt Number (Please attach copy) \_\_\_\_\_

**3 VENDOR REFERENCES**

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Account Opened \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Account Opened \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Account Opened \_\_\_\_\_

**4**

I declare that the above information is true, correct and complete and is given to induce The Library Store, Inc. to extend credit. I authorize The Library Store, Inc. to execute credit investigations as they see fit, including contacting the above vendor references. I authorize all vendors to disclose to The Library Store, Inc. any and all information concerning the financial and credit history of my company.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_