

MACMILLAN PUBLISHING SERVICES

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CREDIT APPLICATION

We appreciate your interest in our publications. Please supply information below so we may consider your account for an open line of credit.

(PLEASE TYPE OR PRINT)

Bill-to Address:

Ship-to Address

(only if different from bill-to address)

Name of Company

Name

Doing Business as

Address

Address

City/State Zip

City/State Zip

Contact Person:

SAN #

Telephone:

Fax: Email:

Years in business?

Type of business

DUNS Number

Your Bank:

Name

Account #

Address

State Resale #

City/State Zip

Ownership: Corporation Partnership Cooperative Institutional

Business References:

List three businesses that you buy from on open credit. Give complete address and telephone number.

1) _____ Telephone _____

2) _____ Telephone _____

3) _____ Telephone _____

For office use only

Customer Hierarchy _____

Assign to Rep: Broadway _____ 5th Avenue _____ International _____

Special Markets _____ Telemarketing _____