

Ontology Press

Application for Credit

Name _____ Date _____

Billing Address _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Years in Business: _____ Corporation Partnership Proprietorship

Name of Corporate Officers / Owners / Partners

Name _____ Title _____

Name _____ Title _____

Name and address of parent company, if a subsidiary:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

References: List your three largest publisher accounts where credit is established

1. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

3. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Bank Account:

Bank Name _____ Bank Account No. _____

Phone _____ Type: Checking Loan Savings

Address _____

City _____ State _____ Zip _____

Purchase Order Requirements: P.O. Required? Yes No

If a P.O. is not required, list individuals authorized to purchase products.

Name _____

Title _____

Name _____

Title _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and condition of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. My signature attests to the financial responsibility, ability, and timeliness to pay invoices.

Name _____ Date _____

Title _____

Corporate Officer Owner

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