

New Account Application

Llewellyn • Midnight Ink • Flux • Llewellyn Español

Please print on line
above description

- Select One:** I am applying for terms (complete entire form, attach three trade references, fill in tax identification, and sign this form under authorized signature)
 I will be paying with credit card (complete entire form and sign under authorized signature). Llewellyn requires one valid credit card on file.

A. Company Information

Full Business Name	Phone #	Fax #	
Doing Business As (DBA) if different from above			
Describe your business: <input type="checkbox"/> New Age/Metaphysical <input type="checkbox"/> Health/Herb <input type="checkbox"/> Gift Shop <input type="checkbox"/> Trade <input type="checkbox"/> Other_____			
Business Street Address (no P.O. Box #s please)	City	State	Zip
Billing Address (if different from above)	City	State	Zip
Company Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Business Location: <input type="checkbox"/> Commercial Building <input type="checkbox"/> Residential Home		
No. of Employees	Year Business Established	Annual Sales	Type of Business: <input type="checkbox"/> Store Front <input type="checkbox"/> Store Front/Online <input type="checkbox"/> Online Only
Federal Tax ID (If Incorporated)	State of Incorporation		
State Resale Certificate # (ATTACH COPY – Required) Also REQUIRED for Minnesota Businesses: Attach a copy of your ST3 form.			
E-Mail Address(es)	Website Address		

B. Owner or Responsible Officer Information

(1) Full Name (including middle initial)	Title	Social Security # (Terms only)		
Home Address	City	State	Zip	Phone #
(2) Full Name (including middle initial)	Title	Social Security # (Terms only)		
Home Address	City	State	Zip	Phone #

C. Trade Credit Reference (Bookstores, Publishers Preferred) Complete only if you are requesting terms.

(1) Company Name	Account #	Phone #	Fax#
Address	City	State	Zip
(2) Company Name	Account #	Phone #	Fax#
Address	City	State	Zip
(3) Company Name	Account #	Phone #	Fax#
Address	City	State	Zip

D. CREDIT AGREEMENT

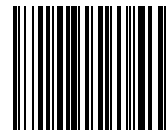
We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

E. AUTHORIZED SIGNATURE

Authorized Signature/Title REQUIRED

Date

Mailing Address: 2143 Wooddale Drive, Woodbury, MN 55125-2989
Phone: 651-291-1970 • Toll-free: 1-800-843-6666 • FAX: 651-291-1908



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