



**Wolters Kluwer**  
Health

Lippincott Williams & Wilkins  
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Philadelphia, PA 19103

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**NEW ACCOUNT & CREDIT APPLICATION FORM**

Date: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Main Business: \_\_\_\_\_

☐ Store ☐ Office ☐ Residence ☐ School ☐ Reseller ☐ Other

Date Opened: \_\_\_\_/\_\_\_\_/\_\_\_\_ # Employees: \_\_\_\_ Value of Inventory: \_\_\_\_

Owner's Name \_\_\_\_\_ Ph # \_\_\_\_\_ Fax # \_\_\_\_\_

**Bank References**

Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Officer \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**US Publishing References**

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Send the completed form directly to: Wolters Kluwer Health's Credit & Collection's Department via  
Fax at 215.521.8552 or to my e-mail: \_\_\_\_\_**