



Wolters Kluwer

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Date: _____

NEW ACCOUNT APPLICATION FORM

Company Name: _____ DUNS # _____
Billing Address: _____
Phone No.: _____ Tax Exempt: **(certificate copy must be attached)**
Contact for Orders: _____ Years in Business: _____
Contact for payment: _____
Contact to send invoices: _____

BANK REFERENCES

Name: _____ Account Type: _____
Account Officer: _____ Account No.: _____
Address: _____ Phone No.: _____

CREDIT REFERENCES

Name: _____ Account No.: _____
Length of Relationship: _____ Phone No.: _____
Address: _____ Email: _____

Name: _____ Account No.: _____
Length of Relationship: _____ Phone No.: _____
Address: _____ Email: _____

Name: _____ Account No.: _____
Length of Relationship: _____ Phone No.: _____
Address: _____ Email: _____

Credit Dept. Use only:

Credit Limit: _____ Terms: _____
Customer Type _____ Account No.: _____
Approved: _____ Date _____