



Wolters Kluwer

Wolters Kluwer Health, Inc.
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Philadelphia, PA 19103
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Date: _____

NEW ACCOUNT APPLICATION FORM

Company Name: _____ DUNS # _____

Billing Address: _____

Phone No.: _____

Tax Exemption No. (Attach copy): _____ Years in Business: _____

Contact for Orders: _____

Contact for payment: _____

Email contact for Invoices _____

BANK REFERENCES

Name: _____ Account Type: _____

Account Officer: _____ Account No.: _____

Address & Email 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: _____

I authorize all designated references named above to release credit information for our account.

X _____

Name _____

Date _____