

NEW ACCOUNT & CREDIT APPLICATION FORM

Date: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Main Business: _____

Store Office Residence School Reseller Other

Date Opened: ____/____/____ # Employees: ³ Value of Inventory: _____

Owner's Name _____ Ph # _____ Fax # _____

Bank References

Name: _____ Account Type: Current

Account Officer: _____ Account Number: _____

Address: _____ Fax: _____

US Publishing References

Name: _____ Account Number: _____

Length of Relationship: _____ Fax No.: _____

Address: _____

Name: _____ Account Number: _____

Length of Relationship: _____ Fax No.: _____

Address: _____

Name: _____ Account Number: _____

Length of Relationship: _____ Fax No.: _____

Address: _____

Send the completed form directly to: Wolters Kluwer's Credit & Collections Department via fax at

215.521.8552 or to customerservice@lww.com for forwarding.