

CROMLAND

NEW ACCOUNT CREDIT APPLICATION

BILL TO	SHIP TO
Company:	Company:
Contact:	Contact:
Email:	Email:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

Type of Business:	Years in Business:	
If Subsidiary, Name of Parent Company:		
Type of Ownership: Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
Listed in Dun & Bradstreet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial Statement Enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

NAME OF OWNERS	ADDRESS	HOME PHONE
U.S. Bank:	Branch:	
Address:	Account Number:	
	Phone Number:	
Bank Officer to Contact:	Fax Number	

BOOK SUPPLIER CREDIT REFERENCES			
Please list credit reference info for three book suppliers with which you have done business for over one year (US firms only)			
SUPPLIER	ADDRESS	PHONE & FAX	ACCOUNT #
		Phone:	
		Fax:	
		Phone:	
		Fax:	
		Phone:	
		Fax:	

Fax or send completed form to: CROMLAND, INC. 964 Marcon Blvd., Suite 190 Allentown, PA 18109 USA Phone +610-266-6610 • Fax +610-266-8987		
	Signature of Proprietor, Partner, or Corporate Officer	
	Title:	Date: