



1630 Darrow Ave
Evanston, IL 60201

Life Science ◦ Medical Education ◦ Sport & Fitness

| BUSINESS CONTACT INFORMATION | | | |
|---|--|---|--|
| Business Name: | | FEIN#: | |
| Contact Name: | | State Resale # (CA Only): | |
| Phone: | Fax: | Email: | |
| Registered business address: | | | |
| City: | | State/Prov.: | ZIP Code: |
| Date business founded: | | | |
| Business web | | | |
| Owner/Partner Name & Phone: | | | |
| Sole proprietorship: <input type="checkbox"/> | Partnership: <input type="checkbox"/> | Corporation: <input type="checkbox"/> | Other: <input type="checkbox"/> _____ |
| Type of Business: (check all that apply) | | | |
| Print/Catalog: <input type="checkbox"/> | Internet Catalog: <input type="checkbox"/> | Retail Storefront: <input type="checkbox"/> | Buying Group: <input type="checkbox"/> |
| | | Other: <input type="checkbox"/> _____ | |
| BANKING INFORMATION | | | |
| Bank Name: | | | |
| Bank address: | | Phone: | |
| City: | | State/Prov.: | ZIP Code: |
| Type of account: | <u>Checking</u> | <u>Savings</u> | |
| Account number | # _____ | # _____ | |
| BUSINESS/TRADE REFERENCES | | | |
| <i>Please provide three trade references with whom you currently do business.</i> | | | |
| Vendor Name & Your Business Account #: | | | |
| Address: | | | |
| City: | | State/Prov.: | ZIP Code: |
| Ph: | Fax: | E-mail: | |
| Type of account: | | | |
| Vendor Name & Your Business Account #: | | | |
| Address: | | | |
| City: | | State/Prov.: | ZIP Code: |
| Ph: | Fax: | E-mail: | |
| Type of account: | | | |
| Vendor Name & Your Business Account #: | | | |
| Address: | | | |
| City: | | State/Prov.: | ZIP Code: |
| Ph: | Fax: | E-mail: | |
| Type of account: | | | |
| ACKNOWLEDGEMENT & SIGNATURE | | | |
| I am authorized to sign this credit application on behalf of the business for which this application is applied. I authorize AWW Anatomical Worldwide LLC to utilize the information on this application to perform a credit evaluation of the business on this application for the purpose of establishing business credit history. On behalf of this business, I agree to the terms and conditions of the reseller agreement, and reseller policies and procedures as outlined. | | | |
| X _____ | | | |
| Authorized Name: | | Title: | Date: |