



1630 Darrow Ave  
Evanston, IL 60201

Life Science ◦ Medical Education ◦ Sport & Fitness

BUSINESS CONTACT INFORMATION			
<b>Business Name:</b>		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			
<b>Bank Name:</b>			
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>			
<b>Vendor Name &amp; Your Business Account #:</b>			
Address:			
City:		State/Prov.:	ZIP Code:
Ph:	Fax:	E-mail:	
Type of account:			
<b>Vendor Name &amp; Your Business Account #:</b>			
Address:			
City:		State/Prov.:	ZIP Code:
Ph:	Fax:	E-mail:	
Type of account:			
<b>Vendor Name &amp; Your Business Account #:</b>			
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: