



OXFORD UNIVERSITY PRESS USA

2001 EVANS ROAD, CARY NC 27513

AC \_\_\_\_\_

CL \_\_\_\_\_

CONFIDENTIAL CREDIT APPLICATION

New Accounts: Return this application with your first order. PLEASE ATTACH A COPY OF YOUR TAX EXEMPT CERTIFICATE. Major credit cards are accepted for prepayment of any order.

For more information, please contact the Credit Department:

•E-Mail: CREDIT.CARY@OUP.COM •Toll-Free: 800-732-3120 •Local: 919-677-0977 •Fax: 919-677-8828

Account Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ DUNS Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Accounts Payable Telephone: \_\_\_\_\_

OWNERSHIP: \_Corporation: President: \_\_\_\_\_ Treasurer: \_\_\_\_\_

\_Partnership: Names: \_\_\_\_\_

\_Sole Proprietor Name: \_\_\_\_\_

How many years in business? \_\_\_\_\_ If new owner, date of takeover \_\_\_/\_\_\_/\_\_\_

BANK REFERENCE:

Bank Name: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

CREDIT REFERENCES:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account#: \_\_\_\_\_ Account# \_\_\_\_\_ Account#: \_\_\_\_\_

We presently seek a line of credit of\$ \_\_\_\_\_ from you and, if granted, agree to the following terms and conditions:  
(not to exceed \$5000.00)

Payments will be made by us in accordance with your terms of sale.

We agree to pay all applicable collection fees if an agency or attorney must be employed to effect collection.

We hereby grant authorization for a consumer report to be obtained on the officers of the company and a commercial report on the business with whom a line of credit is being requested.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

***PLEASE COMPLETE THIS SECTION  
ONLY IF REQUESTED BY THE CREDIT MANAGER***

We presently seek a line of credit of \$ \_\_\_\_\_

I(We) hereby, individually and jointly, personally guarantee payment for all charges incurred by:

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature (No Titles)

\_\_\_\_\_  
Print Name (No Titles)

\_\_\_\_\_  
Signature (No Titles)

\_\_\_\_\_  
Print Name (No Titles)

Any financial statement submitted with this application will facilitate the establishment of your account, and will be relied upon by Oxford University Press USA. Any statements will be kept strictly confidential.

Any additional information that may help us in our consideration of your requested line of credit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_