

2 PAGE FORM  
PLEASE SIGN ON SECOND  
PAGE BEFORE SUBMITTING



NEW ACCOUNT APPLICATION

DATE \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION & FAX BACK TO ACCOUNTS RECEIVABLE, 314-995-3884  
IF YOU HAVE ANY QUESTIONS, CONTACT THE ACCOUNTS RECEIVABLE MANAGER, WAYNE HOUSE, 800-633-2665, EXT. 350.

ACCOUNT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STORE CONTACT NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILL TO ADDRESS: (SAME AS ABOVE \_\_\_\_)

SHIP TO ADDRESS: (SAME AS ABOVE \_\_\_\_)

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

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

ACCOUNTS PAYABLE CONTACT:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX#: \_\_\_\_\_

SALES TAX STATUS: TAXABLE? YES \_\_\_\_ NO \_\_\_\_ (PROVIDE TAX EXEMPT/RESALE DOCUMENTATION)

BUYING GROUP AFFILIATION

\_\_\_\_ NOVATION      \_\_\_\_ HSCA      \_\_\_\_ MED ASSETS      \_\_\_\_ CHAMPS

\_\_\_\_ CONNECT 2 ONE      \_\_\_\_ NEW ENGLAND BUYING CONSORTIUM

BOOKSTORES (PLEASE CHECK ONE & COMPLETE):

\_\_\_\_ INDEPENDENTLY OWNED      |      \_\_\_\_ LEASE OPERATOR      |      \_\_\_\_ INSTITUTIONAL

OWNER: \_\_\_\_\_      |      LEASED BY: \_\_\_\_\_      |

DATE ESTABLISHED: \_\_\_\_\_      |      AS OF DATE: \_\_\_\_\_      |



**Matthews  
Medical Books**

CREDIT APPLICATION

ACCOUNT NAME \_\_\_\_\_

CREDIT LINE REQUESTING: \$ \_\_\_\_\_

BANKING REFERENCE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

OPEN TRADE REFERENCES (MAJOR MEDICAL PUBLISHERS, IF APPLICABLE)

NAME: \_\_\_\_\_ PH #: (\_\_\_\_\_) \_\_\_\_\_ ACCT #: \_\_\_\_\_

NAME: \_\_\_\_\_ PH #: (\_\_\_\_\_) \_\_\_\_\_ ACCT #: \_\_\_\_\_

INFORMATION ON OFFICERS, PARTNERS AND/OR PRINCIPALS (PLEASE PRINT):

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PH #: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PH #: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

IN LIEU OF FINANCIAL STATEMENTS AND IN ORDER TO FACILITATE THE CREDIT PROCESS AND TO ASSURE PROMPT FULFILLMENT OF YOUR ORDER, THE PRINCIPAL OWNERS, OFFICERS, OR PARTNERS MAY SIGN THE FOLLOWING ASSUMPTION OF RESPONSIBILITY AND GUARANTEE AGREEMENT:

I (WE) ASSUME PERSONAL RESPONSIBILITY FOR AND GUARANTEE PAYMENT OF ALL SUMS DUE AND PAYABLE TO MATTHEWS BOOK COMPANY BY THE APPLICANT LISTED HEREIN, INCLUDING REASONABLE ATTORNEY'S FEES, SHOULD THE ACCOUNT BE PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION. I (WE) ALSO CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

THE ABOVE INFORMATION IS SUBMITTED ONLY FOR THE PURPOSE OF OBTAINING CREDIT.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_