

Longleaf Services, Inc.
Attn: Terry Miles, Credit Manager
116 S Boundary St, Chapel Hill, NC 27514-3808
Phone: 1-800-848-6224 Fax Phone: 1-800-272-6817 Email: credit@longleafservices.org

Please provide your business information below and return to the address above. Additional information may be needed during the approval process.

Business Information Name: _____	
Type of Business: _____	Owner(s): _____
Address 1: _____	
Address 2: _____	
City: _____	State: _____ Zip: _____
Federal ID#: _____	State Tax Exempt #: _____
D&B Acct#: _____	SAN #: _____

Business Type (Please Check One):

Wholesaler	Institution/Corp.	Catalog	Government Agency
Retail- General	Retail -Chain	Retail-Internet	Retail-University/College
Public Library	School Library	University/College Library	
Other (Specify): _____			

Accounts Payable Contact:

Contact: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____
Email Address: _____

Purchasing Contact:

Contact: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____
Email Address: _____

Bank Reference:

Name: _____
Address: _____
Contact: _____ Email Address: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Trade References:

Name: _____
Address: _____
Contact: _____ Email Address: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Name: _____
Address: _____
Contact: _____ Email Address: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Name: _____
Address: _____
Contact: _____ Email Address: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

We currently seek a credit line of _____ and, if accepted, we agree to the following conditions.

Payments will be made by us in accordance with your terms of sale. We agree to pay all attorney and/or collection fees if placed in collection. We agree to pay return check fees for any checks returned back from our banking institution.

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.

Authorized Signature: _____
Title: _____ **Date:** _____