

University of Toronto Press 5201 Dufferin Street Toronto ON M3H 5T8 Fax: 416-667-7881

## Commercial / Personal Credit Application

Full legal name of business:				
Name of account (Do business as):				
Bill to address:				
(street address)	(city/tow	n)	(province)	(postal code)
SAN:	E-mail:			
Tel: ()	Fax:	()_		
Ship to Address:				
(street address)	(city/tow	n)	(province)	(postal code)
Tel: ()	Fax:	()		
Date Business Commenced: (year / month / day)	Store Fr	ont Location?	yes (please c	no ircle)
Premises: Leased Owned Lease Expiry Dat (please circle)	te:		No. of E	mployees:
Number of years at present location: (year / month / day)		hip Type:		
Owner's Name(s):				
Home Address:				
Tel: ()	Fax:	()_		
Accounts Payable Contact:		Tel	: ()_	
Current Financial Statements Attached:		Audited:	Ur	naudited:
Name of Bank:				
Branch: Account:		Tel	: ()_	
Contact Name:	Position	1:		
Type of Organization: Retail Bookstore Direct ! (please circle) Distributor Wholes		Educational Internet Sales		Gift Trade
Name, Address, Phone Number of two major suppliers (		•		
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Requested line of credit \$ based on sales	s volumes	per month.		
Please note our terms of sale are net 30 days, 50% prepa future purchases will be allowed on returns, providing th I authorize University of Toronto Press to obtain and or information agent towards establishing or verifying my to	he product exchange	is returnable ar personal/comm	nd in resaleable	condition. No cash refunds.
Applicant's Signature			Date:	