



### Name/Address

Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

### Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:	Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Company Principal Responsible for Business Transactions:	Title:		
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:		
Address:	City:	State:	ZIP: Phone:

### Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Checking Account #:	Checking Account #:
Address:	Address:	Address:
Phone:	Phone:	Phone:

### Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to EDUCATOR, INC. in order to verify the information contained herein.

All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within 7 business days.



## Credit Card Guarantee

By completing and signing this form, it is agreed that the undersigned individual guarantees with his or her credit card that Educator, Inc. will receive payment according to the following terms.

Educator, Inc. will extend an open line of credit in the form of a no money / up front delivery of educational products. Payment for the product is due, in full, 30 days from the receipt of the products. Payment should be made by check or money order to Educator, Inc. and mailed to the address above.

**Your credit card will NOT be charged if payment is received in full.** We allow a 10-day grace period past the 30th day to allow for mailing and processing time. Therefore, it is agreed that any remaining balance be charged to the credit card below on the 40th day from the date of receipt of the products.

Card :  Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3-digit security code \_\_\_\_\_

Name as it exactly appears on your credit card

\_\_\_\_\_

Credit card billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Card Holder Signature

\_\_\_\_\_

Card member agrees to pay total amount due in accordance with agreement governing use of each card.