



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/town) (province) (postal code)

SAN: _____ E-mail: _____

Tel: (_____) _____ Fax: (_____) _____

Ship to Address: _____
 (street address) (city/town) (province) (postal code)

Tel: (_____) _____ Fax: (_____) _____

Date Business Commenced: _____ Store Front Location? yes no
 (year / month / day) (please circle)

Premises: Leased Owned Lease Expiry Date: _____ No. of Employees: _____
 (please circle)

Number of years at present location: _____ Ownership Type: _____
 (year / month / day)

Owner's Name(s): _____

Home Address: _____

Tel: (_____) _____ Fax: (_____) _____

Accounts Payable Contact: _____ Tel: (_____) _____

Current Financial Statements Attached: _____ Audited: _____ Unaudited: _____

Name of Bank: _____

Branch: _____ Account: _____ Tel: (_____) _____

Contact Name: _____ Position: _____

Type of Organization: Retail Bookstore Direct Mail Educational Library Gift Trade
 (please circle) Distributor Wholesaler Internet Sales Other: _____

Name, Address, Phone Number of two major suppliers (Publishers preferred):
 1. _____
 2. _____

Requested line of credit \$ _____ based on sales volumes per month.

Please note our terms of sale are net 30 days, 50% prepayment on first order. Publisher's return policy: Full credit against future purchases will be allowed on returns, providing the product is returnable and in resaleable condition. No cash refunds. I authorize University of Toronto Press to obtain and or exchange personal/commercial credit information with any information agent towards establishing or verifying my financial standing.

Applicant's Signature: _____ Date: _____