Anatomy Warehouse
8047 Monticello Avenue
Skokie, IL 60076
800.422.1134
support@anatomywarehouse.com

BUSINESS CONTACT INFORMATION

Business Name:	FEIN #:	DUNS #:
Contact Name:	Tax Exempt # (please provide certificate):	
Phone:	Buyer Email:	
AP Contact Name:	AP Phone:	AP Email:
Business Billing Address:		
City:	State:	Zip:
Delivery Address (*if different from Billing*):		
City:	State:	Zip:
Date Business Founded:	Company Website:	
Owner or CEO Name & Phone:		

Type of Business (*check all that apply*): To avoid sales tax, complete CertExpress if you are a tax exempt organization.

Educational Institution ☐	Public Corporation ☐	Private Corporation ☐	Non-Profit ☐
Buying Group/Cooperative ☐	Reseller/Distributor ☐	Retail Storefront ☐	Other: _____ ☐

Amount of Credit Requested: (*note: Credit Amounts are at the sole discretion of Anatomy Warehouse*)

Under $5,000 ☐	$5,000 to $15,000 ☐	$15,000 to $30,000 ☐	More than $30,000 ☐

BANKING INFORMATION

Bank Name:		Bank Phone:		
Bank Address:		City:	State:	Zip:
Type of account:	Checking ☐	Savings ☐	Account # _____	

BUSINESS/TRADE REFERENCES

Please provide three trade references with whom you currently do business.
Failure to provide a complete list of relevant, active and responsive references will result in delays or denial of credit terms.

Vendor Name:	Account #		
Address:	City:	State:	Zip:
Accounts Receivable Contact Name:			
Accounts Receivable E-mail:	Accounts Receivable Phone:		
Age of Account: _____ years	Credit Limit $_____		
Vendor Name:	Account #		
Address:	City:	State:	Zip:
Accounts Receivable Contact Name:			
Accounts Receivable Email:	Accounts Receivable Phone:		
Age of Account: _____ years	Credit Limit $_____		
Vendor Name:	Account #		
Address:	City:	State:	Zip:
Accounts Receivable Contact Name:			
Accounts Receivable Email:	Accounts Receivable Phone:		
Age of Account: _____ years	Credit Limit $_____		

ACKNOWLEDGEMENT & SIGNATURE

I am authorized to sign this credit application on behalf of the business for which this application is applied. I understand that submission of this application does not guarantee my organization will be granted credit terms or the full amount of credit requested. I authorize Anatomical Worldwide LLC DBA AnatomyWarehouse.com to utilize the information on this application to perform a credit evaluation of the business on this application for the purpose of establishing business credit history.
On behalf of this organization, I agree to the terms and conditions of the purchase order agreement, and purchase order policies and procedures as outlined at https://anatomywarehouse.com/content/AWH_Purchase-Order-Policy-Terms-and-Conditions.pdf

X_____ _____

Authorized Name | Title | Date