



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):			
Educational Institution <input type="checkbox"/>	Public Corporation <input type="checkbox"/>	Private Corporation <input type="checkbox"/>	Non-Profit <input type="checkbox"/>
Buying Group/Cooperative <input type="checkbox"/>	Reseller/Distributor <input type="checkbox"/>	Retail Storefront <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Amount of Credit Requested: (note: Credit Amounts are at the sole discretion of Anatomy Warehouse)			
Under \$5,000 <input type="checkbox"/>	\$5,000 to \$15,000 <input type="checkbox"/>	\$15,000 to \$30,000 <input type="checkbox"/>	More than \$30,000 <input type="checkbox"/>

BANKING INFORMATION

Bank Name:	Bank Phone:		
Bank Address:	City:	State:	Zip:
Type of account:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	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 [here](#).

X _____
 Authorized Name Title Date