



# ANATOMY

— WAREHOUSE —

8047 Monticello Avenue, Skokie, IL 60076

## BUSINESS CONTACT INFORMATION

<b>Business Name:</b>		<b>FEIN#:</b>	
<b>Contact Name:</b>		<b>State Resale # (CA Only):</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Registered business address:</b>			
<b>City:</b>	<b>State/Prov.:</b>	<b>ZIP Code:</b>	
<b>Date business founded:</b>			
<b>Business web</b>			
<b>Owner/Partner Name &amp; Phone:</b>			
<b>Sole proprietorship:</b> <input type="checkbox"/>	<b>Partnership:</b> <input type="checkbox"/>	<b>Corporation:</b> <input type="checkbox"/>	<b>Other:</b> <input type="checkbox"/> _____
<b>Type of Business: (check all that apply)</b>			
<b>Print/Catalog:</b> <input type="checkbox"/>	<b>Internet Catalog:</b> <input type="checkbox"/>	<b>Retail Storefront:</b> <input type="checkbox"/>	<b>Buying Group:</b> <input type="checkbox"/>
		<b>Other:</b> <input type="checkbox"/> _____	

## BANKING INFORMATION

<b>Bank Name:</b>			
<b>Bank address:</b>		<b>Phone:</b>	
<b>City:</b>	<b>State/Prov.:</b>	<b>ZIP Code:</b>	
<b>Type of account:</b>	<b>Checking</b>	<b>Savings</b>	
<b>Account number</b>	<b>#</b> _____	<b>#</b> _____	

## BUSINESS/TRADE REFERENCES

**Please provide three trade references with whom you currently do business.**

<b>Vendor Name &amp; Your Business Account #:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State/Prov.:</b>	<b>ZIP Code:</b>	
<b>Ph:</b>	<b>Fax:</b>	<b>E-mail:</b>	
<b>Type of account:</b>			
<b>Vendor Name &amp; Your Business Account #:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State/Prov.:</b>	<b>ZIP Code:</b>	
<b>Ph:</b>	<b>Fax:</b>	<b>E-mail:</b>	
<b>Type of account:</b>			
<b>Vendor Name &amp; Your Business Account #:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State/Prov.:</b>	<b>ZIP Code:</b>	
<b>Ph:</b>	<b>Fax:</b>	<b>E-mail:</b>	
<b>Type of account:</b>			

## ACKNOWLEDGEMENT & SIGNATURE

I am authorized to sign this credit application on behalf of the business for which this application is applied. 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 business, I agree to the terms and conditions of the purchase order agreement, and purchase order policies and procedures as outlined.

X \_\_\_\_\_  
Authorized Name: Title: Date: