



ANATOMY

— WAREHOUSE —

1630 Darrow Avenue, Evanston, IL 60201

BUSINESS CONTACT INFORMATION

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

BANKING INFORMATION

Bank Name:			
Bank address:		Phone:	
City:		State/Prov.:	ZIP Code:
Type of account:	Checking	Savings	
Account number			

BUSINESS/TRADE REFERENCES

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

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

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: