



ANATOMY

— WAREHOUSE —

8047 Monticello Ave Skokie, IL 60076

BUSINESS CONTACT INFORMATION

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

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: