

Longleaf Services, Inc.
Attn: Terry Miles, Credit & Collection Manager
116 S Boundary St, Chapel Hill, NC 27514-3808
Phone: 1-800-848-6224 ext. 2 Fax Phone: 1-800-272-6817 Email: credit@longleafservices.org

Please return your business information below and a resale certificate or other applicable document exempting you from the collection of sales tax on your purchases. Additional information may be required during the approval process.

Business Information Name: _____	
Type of Business: _____	Owner(s): _____ Address _____
1: _____	
Address 2: _____ City: _____	
_____ State: _____	Zip: _____
Federal ID#: _____	State Tax Exempt #: _____ D&B Acct#: _____
_____ SAN #: _____	

Business Type (Please Check One):

Wholesaler <input type="checkbox"/>	Institution/Corp. <input type="checkbox"/>	Catalog <input type="checkbox"/>	Government Agency <input type="checkbox"/>
Retail- General <input type="checkbox"/>	Retail -Chain <input type="checkbox"/>	Retail- <input type="checkbox"/>	Internet Retail- <input type="checkbox"/>
University/College <input type="checkbox"/>	Public Library <input type="checkbox"/>	School Library <input type="checkbox"/>	University/College Library <input type="checkbox"/>
Other (Specify): _____			

Accounts Payable Contact:

Contact: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____ Email Address: _____

Purchasing Contact:

Contact: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____ Email Address: _____

Bank Reference:

Name: _____
Address: _____
Contact: _____ Email Address: _____ Telephone: (_____) _____
- _____ Fax: (_____) _____ - _____

Trade References:

Name: _____
Address: _____
Contact: _____ Email Address: _____ Telephone: (_____) _____
- _____ Fax: (_____) _____ - _____

Name: _____
Address: _____
Contact: _____ Email Address: _____ Telephone: (_____) _____
- _____ Fax: (_____) _____ - _____

Name: _____
Address: _____
Contact: _____ Email Address: _____ Telephone: (_____) _____
- _____ Fax: (_____) _____ - _____

We currently seek a credit line of _____ and, if accepted, we agree to the following conditions.

Payments will be made by us in accordance with your terms of sale. We agree to pay all attorney and/or collection fees if placed in collection. We agree to pay return check fees for any checks returned back for the bank.

We hereby grant authorization for a consumer report to be obtained on the officers of the company and a commercial report on the business with whom a line of credit is being requested.

Authorized Signature: _____

Title: _____ **Date:** _____