

Publishing

# **Credit Application**

Business Information	
Legal Business Name	
DBA/Trade Name	
Website URL	
Billing Address	Shipping Address (if different than billing)
City	City
State	State
Zip	Zip
A/P Contact	General Contact (Buyer)
Email Address	Email Address
Phone	Phone







# **Additional Business Information**

Type of Entity Corporation	Proprietorship	Partnership				
Year Founded	*State of Incorporation		*Year of Incorporation			
Are you owned by another entity?	Yes No					
If "Yes", what is the entity's name	?					
Have you or your parent company	ever applied for credit wit	h SAGE Publication	s, Inc.? 🔲 Yes 🔲 No			
Credit Line Desired						
What is your Federal Tax ID?			_			
Are you exempt from sales tax?	Yes No					
If "Yes", what is your resale#?						
(*Please provide your resale certificate when submit	tting this application)					
Do you use purchase orders?	Yes No					
If "Yes", are they formal (i.e. printed form) or informal (i.e. letterhead)?						
Do you order via EDI (EasyLink® or	PubNet®)?	No				
If "Yes", what is your SAN#?			-			
		N #: 204-7217				
	(for SAGE 8	k Corwin)				







Credit References Trade Ref. #1	Account #	Address	
Contact Name	Contact Phone #	Contact Fax #	Contact Email Address
Trade Ref. #2	Account #	Address	
Contact Name	Contact Phone #	Contact Fax #	Contact Email Address
Trade Ref. #3	Account #	Address	
Contact Name	Contact Phone #	Contact Fax #	Contact Email Address
Trade Ref. #4	Account #	Address	
Contact Name	Contact Phone #	Contact Fax #	Contact Email Address
Bank Reference	Account #	Address	
Contact Name	Contact Phone #	Contact Fax #	Contact Email Address





## **Terms and Conditions**

Applicant understands that SAGE Publications, Inc. including\_its affiliate Corwin Press, Inc. and its imprint CQ Press (collectively, "SAGE") may, without prior notice, cease to process orders or extend any amount of credit if the Applicant's account becomes past due. Applicant further understands that SAGE is relying on the information provided on and with this Credit Application in deciding to provide an extension of credit. Applicant represents, warrants, and affirms that the statements made in this Credit Application are true and correct and that SAGE may rely on it as being true and correct until otherwise notified by Applicant in writing. If the information contained herein is not true in any material respect, or if Applicant files for \_bankruptcy\_ or any other type of stay of creditors, or if Applicant is declared insolvent, or if the Applicant's business or \_any interest therein is sold, or if any adverse change occurs in Applicant's financial condition in any manner whatsoever, at the election of SAGE, any or all of the Applicant's indebtedness and obligations to SAGE, shall become immediately due and payable without demand or notice. In the event that an outstanding indebtedness is not paid on a timely basis, SAGE may elect to place the account for collection.

Notwithstanding anything herein to the contrary, Applicant understands and agrees that SAGE may, at its sole discretion, without prior notice to Applicant and at any time whatsoever (i) modify the credit terms (including, without limitation, those relating to the amount of credit extended and/or the terms of payment) or (ii) terminate Applicant's credit account.

By signing below, Applicant has read and understands and agrees to the above Terms and Conditions, and hereby authorizes the release of information relating to Applicant's credit history to SAGE for the purpose of establishing credit.

Applicant Business Name:

Name of Authorized Signer:

Title:

Signature:

Date:







### Please note: SAGE prefers electronic payment

#### Send electronic payments to:

Bank Name: Chase Bank Bank Address: 383 Madison Avenue, New York, NY 10179 Account Name: SAGE Publications, Inc. Account Number: 705569272 Routing Number: ACH= 322271627 Routing Number: Wires= 021000021 SWITF Number: CHASUS33

#### Send check payments to:

SAGE Publications, Inc. P.O. Box 730082 Dallas, TX 75373-0082

On any payment remittance, please include your company name, SAGE account number, invoice numbers and PO numbers you are paying along with your Federal Tax ID number if applicable.

If making payment by ACH or wire transfer, please email (accounts.receivable@sagepub.com) a notice of ACH or wire transfer and the amount so that payment is recorded accurately.

Please provide the relevant documentation to support any tax deductions required by law.

Please feel free to contact our SAGE Credit team if you have any questions or concerns.

Credit Department <u>credit@sagepub.com</u> SAGE/CQ Press Phone (800) 732-0199 Corwin Phone (800) 831-6640



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