

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

Please return your business information below and an exemption certificate or other applicable document exempting you from the collection of sales tax on your purchases. The credit department may require additional information during the approval process.

Business Information Name: _____		
Owner(s): _____		
Billing Address: _____		
City: _____	State: _____	Zip: _____
Shipping Address: _____		
City: _____	State: _____	Zip: _____
Federal ID#: _____	State Tax Exempt #: _____	(must include form)
D&B Acct#: _____	SAN #: _____	

Business Type (Please Check One):

- Wholesaler Institution/Corp. Catalog Government Agency Retail- General
 Retail -Chain Retail-Internet Retail-University/College Public Library School Library
 University/College Library Other (Specify): _____

Accounts Payable Contact:

Contact: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email Address: _____

Purchasing Contact:

Contact: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email Address: _____

We currently seek a credit line of \$_____ and, if accepted, we agree to the following conditions. We will make payments 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:** _____