Longleaf Services, Inc. Credit & Collections Department 116 S Boundary Street, Chapel Hill, NC 27514-3808 Phone: 800-848-6224 Fax: 800-272-6817 Email: credit@longleafservices.org

Please returns this completed form and an exemption certificate or other applicable document exempting this account from the collection of state sales tax on your purchases. The credit department may require additional information.

Business Name:			
Billing Address:			
City:	State:	Zip:	
Shipping Address:			
City:	State:	Zip:	
SAN# (if applicable):	Federal ID#:	_ 1	
Exempt from state sales tax: No Yes	- State Tax# (m	ust include form):	
Will you be reselling our products? No Yes			
Business Type (check one):Organization (includeUniversity/College/School DepartmentOrganization (includeUniversity/College/School RetailWholesaleUniversity/College/School LibraryPublic Library	ding non-profit)	Government Agency General Retail Other:	Internet Retail Retail Chain
Accounts Payable			
Contact:	Email:		
Telephone:	Fax:		
-			
Purchasing			
Contact:	Email:		
Telephone:	Fax:		
Bank Reference			
Name:Address:			
Contact:	Email:		
Telephone:	Fax:		
Trade References Name:			
Address:			
Contact:	Email:		
Telephone:	Fax:		
Name:			
Address:			
Contact:			
Telephone:	Fax:		
Name:			
Address:			
Contact:	Email:		
Telephone:	Fax:		

We currently seek a credit line of \$______. If Longleaf grants credit, we agree to pay all invoices within payment terms, pay all attorney and/or collection fees if our account is placed in collection, and pay return check fees for any checks returned by the bank. Longleaf is authorized to contact Dun & Bradstreet and other credit bureaus and consumer reporting agencies as necessary in order to grant a line of credit on our behalf.

Authorized Signature:

Title: _____