

**Longleaf Services, Inc.**

Credit & Collections Department

116 S Boundary Street, Chapel Hill, NC 27514

Phone: 800-848-6224

Fax: 800-272-6817

Email: [credit@longleafservices.org](mailto:credit@longleafservices.org)

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

Business Name: _____			
Billing Address: _____			
City: _____	State: _____	Zip: _____	
Shipping Address: _____			
City: _____	State: _____	Zip: _____	
SAN#: _____		Federal ID#: _____	
Exempt from state sales tax:	No	Yes	State Tax# ( <i>must include form</i> ): _____
Will you be reselling our product?	No	Yes	

**Business Type (check one)**

University/College/School Department

University/College/School Retail

University/College/School Library

Government Agency Wholesale

Government Agency General Retail

Public Library

Government Agency Department

Other: \_\_\_\_\_

**Account Payable Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Purchasing Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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 from 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:** \_\_\_\_\_