



PELICAN PUBLISHING COMPANY

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Credit Application

Name of Firm _____

Street Address _____

Mailing Address _____

City, State, Zip _____

Phone _____ Email Address _____

Website _____

Type of Firm (Check One)

C – Corporation S Corporation LLC

Sole Proprietorship Partnership

Owners _____

Owners _____

Years in Business _____ Corporation Date _____

Type of Outlet (*Catalog Outlets Must Send A Copy of Their Catalog with Credit Application.*) _____

Name of Authorized Buyers _____

Address _____

City _____ State _____ Zip _____

Authorized Buyer Telephone _____ / _____

A/P Contact / Phone _____

Are Purchase Orders required to charge your account? _____

Do you accept Backorders? _____

Is there a min. # of books for Backordered shipments? _____

Time Limit for Cancellations? _____

How would you prefer we ship?
UPS Other: _____

BANK INFORMATION

Bank Name _____

Account Number _____

Business References: (**PLEASE FURNISH COMPLETE ADDRESS**)

1 _____ Account # _____

Phone _____ Fax _____ Email _____

2 _____ Account # _____

Phone _____ Fax _____ Email _____

3 _____ Account# _____

Phone _____ Fax _____ Email _____

Note: New Accounts may be placed on “one-open-invoice at a time” until credit history is verified. If the account is authorized to purchase on an open account, be it understood that all purchases are due and payable net 30 days from the date of invoice. Terms shall be posted by request. In the event the unpaid account becomes delinquent and is turned over to a collection agency, all discounts are canceled. If the account is placed in the hands of a third party for collection, the purchaser agrees to pay the collection costs up to 25% of the list price.

Signature _____ Title _____ Date _____

APPLICATION MUST BE SIGNED BY AUTHORIZED AGENT AND GUARANTOR FOR ALL PAYMENTS