

Company Information

Business Name and Address:

Name

Address 1

Address 2

City State Zip

Country/Mail Code

() ()

Phone Fax

Email Address

Type of Business:

- Corporation
 Sole Proprietor
 Partnership
 Limited Partnership

Number of Years in Business: _____

Names and Titles of Principals:

Background Information

D & B #

Federal ID #

Accounts Payable
Contact Name and Number

Resale or Tax Exemption Number:

(Copy of Certificate Required)

Banking Information

Name of Bank

Account Number

Name as Listed on Account

Address

City State Zip

Country/Mail Code

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Phone Fax

Signature of Owners, Partners or Officers:

Credit References

Please list Names, Addresses, and
Telephone Numbers of Three (3) Major
Suppliers:

Name

Address

City State

Country/Mail Code

() ()

Phone Fax

Email Address

Name

Address

City State

Country/Mail Code

() ()

Phone Fax

Email Address

Name

Address

City State

Country/Mail Code

() ()

Phone Fax

Email Address

Mail To: Scholastic Inc.
Attn: Credit and Collection Department
2931 East McCarty Street
Jefferson City, Mo 65101
Fax (573)632-1885



Zip

Zip

Zip

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