

FLORIDA SCHOOL BOOK DEPOSITORY, INC.

PO BOX 6578 JACKSONVILLE, FLORIDA 32236

CREDIT APPLICATION

Please fill out completely and return along with signed banking reference attached.

NAME OF SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE SCHOOL OPENED _____ PHONE _____

TYPE OF SCHOOL _____ GRADE LEVELS _____

NUMBER ENROLLED LAST YEAR _____ THIS YEAR _____

Please list 3 current credit references.

Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Banking Reference Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

NOTE: If account is authorized, be it understood that all purchases are due and payable within 30 days of purchase. The undersigned official hereby agrees to these terms.

Date

Director/Principal Signature

Director/Principal Print Name