

FLORIDA SCHOOL BOOK DEPOSITORY, INC.

PO BOX 6578

JACKSONVILLE, FLORIDA 32236

CREDIT APPLICATION

NAME OF SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT _____ TITLE _____

DATE SCHOOL OPENED _____ PHONE _____

EMAIL ADDRESS _____

TYPE OF SCHOOL _____ GRADE LEVELS _____

NUMBER ENROLLED LAST YEAR _____ THIS YEAR _____

Do you use a management company? Yes _____ No _____

If yes, please list the management company _____

Please list 3 current credit references:

Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

(continued)

Banking Reference:

Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

- I hereby authorize Florida School Book Depository to obtain credit reporting.
- Florida School Book Depository's payment terms are *NET-30 DAYS*.

****The undersigned official hereby agrees to these terms****

Date

Authorized Signature