

FLORIDA SCHOOL BOOK DEPOSITORY, INC.

PO BOX 6578 JACKSONVILLE, FLORIDA 32236

CREDIT INQUIRY

TO:

ACCOUNT:

_____	_____
_____	_____
_____	_____

Authorization:

I hereby authorize the information listed below to be released to Florida School Book Depository for the purposes of establishing a credit account.

Director/Principal

VENDOR USE ONLY

The above customer has applied to Florida School Book Depository for a credit account. We would appreciate, in confidence, the following information:

Date Account Opened _____

Largest Recent Balance _____

Total Current Balance _____

Amount Past Due _____

Credit Terms _____

Payments:

_____ Prompt	_____ No experience within past year
_____ Pays in _____ Days	_____ Collected by Collection Agency
_____ Unsatisfactory	_____ Credit Refused (Please state reason)
_____ Pays on Account	

Would you recommend we extend credit? _____ Yes _____ No

Remarks: _____

A prompt response will be appreciated as we are holding an order for this applicant. We will be pleased to reciprocate any credit inquiries you may have.