

**SCHOOL SPECIALTY, INC.**

Return via fax to: (419) 589-1475

**CREDIT APPLICATION**

In order to establish an account with School Specialty and  
To acknowledge terms and conditions of sale, the undersigned  
makes the following statements:

**General Information**

Credit Amount Requested: \$

Applicant (Complete Business or School name)			Phone #
Street Address			Fax #
City	State		Zip Code
Mailing Address	City	State	Zip Code

**Style of Organization**

<input type="checkbox"/> Corporation	Incorporated under the laws of the state of:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietor	Type of Business
How long in Business	<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-taxable	Tax will be charged unless exemption certificate is provided	Tax Exempt #

**Owner, Partners, or Corporate Officers**

Name & Title	Social Security #
Name & Title	Social Security #
Name & Title	Social Security #

**CREDIT REFERENCES**

Name	Account #	Phone #	
Address	City	State	Zip Code
Name	Account #	Phone #	
Address	City	State	Zip Code
Name	Account #	Phone #	
Address	City	State	Zip Code

**BANK REFERENCES**

Bank Name	Account #	Contact
Address	Phone #	
Bank Name	Account #	Contact
Address	Phone #	

**CREDIT PURCHASE AGREEMENT**

Applicant authorizes School Specialty to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit terms on our invoice or, if none appear, according to the terms of Net 30. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within 30 days of any change in style of business organization, financial condition or controlling ownership. Applicant agrees to pay a service charge of 1-1/2% per month or the maximum allowed by law, on any past due balances and if the account is placed for collection, agrees to pay all costs of collection, including reasonable attorney fees.

Applicant		
Signature	Title	Date

**PERSONAL GUARANTY**

In consideration of the extension of credit to the applicant named hereon, the undersigned, as individuals and not as corporate officers, jointly, severally and unconditionally guaranties and promises to pay all amounts now owing or which may hereinafter become owing by the applicant. This is a continuing guaranty and obligations arising hereunder shall not be affected by any change in terms of indebtedness, the extension of credit beyond amounts specified herein, a change in the term or time for payment, a change in the form of indebtedness or the acceptance of security or collateral. Vendor shall not be required to exhaust any remedies against applicant prior to exercising rights granted hereby.

Individual	Seal	Individual	Seal
Individual	Seal	Individual	Seal
State Of	Sworn to and subscribed before me this _____ Day of _____ 19 _____		
County Of	Notary Public		

Attach a copy of your latest financial statement and return it with this completed form to School Specialty, Inc.

FAX: (419) 589-1475

10/11/01