



- Sheridan GR
- Sheridan KY
- Sheridan MI
- Sheridan MN
- Sheridan NH
- Sheridan OH
- Sheridan PA
- Sheridan RL
- Sheridan WZ
- KnowledgeWorks Global Ltd.

Account # (if already assigned): _____ Sales Rep: _____

CUSTOMER INFORMATION

Account Name: _____
(SHOW EXACT BILLING NAME)

Parent Co. (if Division or Subsidiary): _____

Address of Business: _____
(Street, City, State, Zip Code)

Billing Address (if different): _____
(Street, City, State, Zip Code)

Email address for invoicing: _____

At present location since: _____ Present business location is: Owned Leased

Type of Business: _____ Date Established: _____

Email (REQUIRED): _____ Website: _____

Phone: _____ Cell: _____ Fax: _____

Sole ownership Incorporated in: _____ LLC Partnership LLP Not for Profit Other: _____

Name of Owner: _____ Home Address: _____

Federal ID or Social Security No: _____ Dun & Bradstreet No: _____

Taxable Tax exempt If tax exempt, please attach certificate and provide # here _____

The applicant expressly agrees to make payment in full for all purchases in accordance with their invoice(s). Should the applicant default in any such payment, the applicant expressly agrees to pay reasonable attorney fees and all other costs and expenses incurred in the collection of any obligation of the applicant pursuant hereto. This agreement shall become effective when accepted by your authorized representative. The applicant shall not transfer or assign this agreement without the prior written consent of the creditor.

Name _____ Authorized Signature _____
(print)

Title _____ Date _____

INSTRUCTIONS

The original completed and signed form can be mailed, faxed or emailed to:

CJK Group, Attn: Credit Dept., 450 Fame Avenue, Hanover, PA 17331
Fax: 717-633-8933 / Email: credit@cjkgroup.com

If you have any questions, please contact our Credit Department at 717-632-8448 ext. 8025 or 8012.

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