



Where the Seeds of Learning Take Root

APPLICATION FOR ACCOUNT

Institutional Accounts Only

5000 Summer Ave, Memphis, TN 38122
2095 Exeter Rd, Germantown, TN 38138
8195 Dexter Rd, Cordova, TN 38016
825 North University, Little Rock, AR 72205
981 Goodman Rd, Horn Lake, MS 38637

Toll Free (800) 331-0994
Local (901) 324-9251 Fax (901) 458-2902

Mon-Fri 9:00-5:00
Date _____ 20_____

School/Institution _____ Year Established _____ Enrollment _____

Street Address _____ Phone _____

City _____ Fax _____

State _____ Zip _____ State Sales Tax Exempt # _____

Owner/Director _____ Contact Person _____

Address _____

Funding/Sponsoring Agency (if applicable) _____

Address _____

Bills Paid By: School Funding /Sponsoring Agency Branch _____

Bank Reference _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Account # _____

List 3 business references in the section below. (Please do not include personal references or utilities.)

Reference 1 Contact Person _____

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Account # _____

Reference 2 Contact Person _____

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Account # _____

Reference 3 Contact Person _____

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Account # _____

If your institution is Tax Exempt, please return this form with your Tax Exemption Form.

PLEASE SIGN THE STATEMENT BELOW:

I hereby authorize those firms listed above to release information on my account/credit standing to Knowledge Tree. It is understood that the terms of sale at Knowledge Tree are net 30 days from date of invoice and that these terms will be adhered to. Late payment are charged a 1% finance charge per month.

Name _____ Title _____ Date _____