

CREDIT APPLICATION

SPRINGER NATURE

Springer Nature
233 Spring Street
New York, New York 10013

BILL-TO INFORMATION:

BUSINESS NAME: _____ PHONE: _____

ADDRESS: _____

_____ FAX: _____

EMAIL: _____ CONTACT PERSON: _____

Would you like to use our online ordering system (EMAIL REQUIRED): ____ YES ____ NO

Would you like to subscribe to Springer Nature Alerts (EMAIL REQUIRED): ____ YES ____ NO

DESCRIBE YOUR BUSINESS BRIEFLY:

Are you purchasing for resale?: ____ YES ____ NO

TAX INFORMATION:

TAX ID # _____ RESALE # _____

ENTITY: (check one) ____ INDIVIDUAL ____ PARTNERSHIP ____ S-CORP ____ CORPORATION

TAX EXEMPT? ____ YES* ____ NO

***If yes, include a copy of your tax-exempt certification with your application**

SHIP-TO INFORMATION: *(If different from bill-to address)*

BUSINESS NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PREFERRED METHOD OF SHIPPING (INCLUDE ACCOUNT # IF COLLECT): _____

BANK REFERENCE:

NAME: _____ PHONE: _____

ADDRESS: _____

ACCOUNT NUMBER: _____ OFFICER: _____

TRADE REFERENCES (required):

1. BUSINESS NAME: _____
 ADDRESS: _____

 PHONE: _____ FAX (required): _____
 ACCT#: _____
 ANNUAL PURCHASE VOLUME: _____ CONTACT PERSON: _____

2. BUSINESS NAME: _____
 ADDRESS: _____

 PHONE: _____ FAX (required): _____
 ACCT#: _____
 ANNUAL PURCHASE VOLUME: _____ CONTACT PERSON: _____

3. BUSINESS NAME: _____
 ADDRESS: _____

 PHONE: _____ FAX (required): _____
 ACCT#: _____
 ANNUAL PURCHASE VOLUME: _____ CONTACT PERSON: _____

IMPORTANT: THE FAX NUMBER FIELD IS REQUIRED TO ENSURE THE TIMELY PROCESSING OF YOUR APPLICATION.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE _____

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RETURN THIS FORM TO CREDIT & COLLECTIONS at (fax) 212-460-1700 or ACCOUNTING-NY@SPRINGERATURE.COM

IMPORTANT: To expedite processing your order, please include your initial order on official company purchase order stationery. As credit references can take several days to receive from the businesses you've listed, please allow 5-7 business days for processing.

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