

Updated 04/08/2019



2455 Teller Road
Thousand Oaks, CA 91320

Credit Application

Email: credit@sagepub.com
SAGE/CQ Press Phone: 800-732-0199
SAGE/CQ Press Fax: (805) 498-9456

Corwin Phone: (800) 831-6640
Corwin Fax: (800) 417-2466

Business Information

Legal Business Name

DBA/Trade Name

Website URL

Billing Address

Shipping Address (if different than billing)

City

City

State

State

Zip

Zip

A/P Contact

General Contact (Buyer)

Email Address

Email Address

Phone

Phone





Additional Business Information

Type of Entity Corporation Proprietorship Partnership LLC

Year Founded _____ *State of Incorporation _____ *Year of Incorporation _____

Are you owned by another entity? Yes No

If "Yes", what is the entity's name? _____

Have you or your parent company ever applied for credit with SAGE Publications, Inc.? Yes No

Credit Line Desired _____

What is your Federal Tax ID? _____

Are you exempt from sales tax? Yes No

If "Yes", what is your resale #? _____

(*Please provide your resale certificate when submitting this application)

Do you use purchase orders? Yes No

If "Yes", are they formal (i.e. printed form) or informal (i.e. letterhead)? Formal Informal

Do you order via EDI (EasyLink® or PubNet®)? Yes No

If "Yes", what is your SAN#? _____

SAGE SAN #: 204-7217
(for SAGE & Corwin)





Credit References

Trade Ref. #1 Account # Address

Contact Name Contact Phone # Contact Fax # Contact Email Address

Trade Ref. #2 Account # Address

Contact Name Contact Phone # Contact Fax # Contact Email Address

Trade Ref. #3 Account # Address

Contact Name Contact Phone # Contact Fax # Contact Email Address

Trade Ref. #4 Account # Address

Contact Name Contact Phone # Contact Fax # Contact Email Address

Bank Reference Account # Address

Contact Name Contact Phone # Contact Fax # Contact Email Address





Terms and Conditions

Applicant understands that SAGE Publications, Inc. including its affiliate Corwin Press, Inc. and its imprint CQ Press (collectively, "SAGE") may, without prior notice, cease to process orders or extend any amount of credit if the Applicant's account becomes past due. Applicant further understands that SAGE is relying on the information provided on and with this Credit Application in deciding to provide an extension of credit. Applicant represents, warrants, and affirms that the statements made in this Credit Application are true and correct and that SAGE may rely on it as being true and correct until otherwise notified by Applicant in writing. If the information contained herein is not true in any material respect, or if Applicant files for bankruptcy or any other type of stay of creditors, or if Applicant is declared insolvent, or if the Applicant's business or any interest therein is sold, or if any adverse change occurs in Applicant's financial condition in any manner whatsoever, at the election of SAGE, any or all of the Applicant's indebtedness and obligations to SAGE, shall become immediately due and payable without demand or notice. In the event that an outstanding indebtedness is not paid on a timely basis, SAGE may elect to place the account for collection.

Notwithstanding anything herein to the contrary, Applicant understands and agrees that SAGE may, at its sole discretion, without prior notice to Applicant and at any time whatsoever (i) modify the credit terms (including, without limitation, those relating to the amount of credit extended and/or the terms of payment) or (ii) terminate Applicant's credit account.

By signing below, Applicant has read and understands and agrees to the above Terms and Conditions, and hereby authorizes the release of information relating to Applicant's credit history to SAGE for the purpose of establishing credit.

Applicant Business Name:

_____	_____
Name of Authorized Signer:	Title:
_____	_____
Signature:	Date:
_____	_____

1. Click in **Signature Area**.
 2. In the **Sign As** field, choose your existing Digital Signature. Otherwise, choose **Add ID**
 3. Choose **A new digital ID I want to create now >> click Next**
 4. Choose **New PKCS#12 digital ID file >> click Next**
 5. Fill out: - **Name** - **Organizational Unit**
 - **Organization Name** - **Email Address >> click Next**
 6. File path for Digital Signature is now displayed.
(You can leave the location as is or change it)
- Enter a **password** for the Digital Signature and **confirm** it >> click **Finish**

SUBMIT





Payment Methods

Wire Transfer

Bank Name	Bank of the West
Routing Number	121100782
SWIFT Number	BWSTUS66
Bank Address	180 Montgomery St. San Francisco, CA 90676 USA
Account Name	SAGE Publications, Inc.
Account Number	753-008606

When you transfer the funds, please reference both your customer account and invoice numbers.

Please add \$20 USD for bank fees.

Courier/Mail

Remit-to Address	<i>Attn: Accounts Receivable</i> SAGE Publications, Inc. 2455 Teller Road Thousand Oaks, CA 91320
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Please feel free to contact our SAGE Credit team if you have any questions or concerns.

Credit Department

credit@sagepub.com

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