



**Getting Started
New Account**

Date: New # N Y U

Office Use Only

Rep #	<input type="checkbox"/> Products <input type="checkbox"/> Magazines
Customer Type:	<input type="checkbox"/> HOB <input type="checkbox"/> SPSA <input type="checkbox"/> CAT <input type="checkbox"/> CLUBTR
	<input type="checkbox"/> DIST <input type="checkbox"/> FA1 <input type="checkbox"/> FA2 <input type="checkbox"/> FA3
SS:	<input type="checkbox"/> BW <input type="checkbox"/> BB <input type="checkbox"/> MUS <input type="checkbox"/> AST <input type="checkbox"/> R/C <input type="checkbox"/> SNW <input type="checkbox"/> USA
	<input type="checkbox"/> Perpetual CC <input type="checkbox"/> Open Acct <input type="checkbox"/> CC/review in one year
<input type="checkbox"/> New Ship-to # (Bill-to # is: _____)	
<input type="checkbox"/> COO Previous Account #	Effective Date: _____
Assuming Debt Y/N Previous Owner: _____	

REQUIRED:
In order to obtain/retain tax exempt status, the State Tax ID. Or Business Lic# is required:
State Tax I.D. or Bus. Lic or VAT #

You MUST fill out the REQUIRED Information and SIGNATURE & TITLE Sections on this form please!

Credit Card # **Exp. Date**

Store/Company Name _____ Subsidiary of _____

Owner's Name _____ Buyer's Name _____

E-mail _____ Web Site: _____ (If different from Owner)

Year Business Established: _____ Business Hours _____

Bill-to:	Ship-to: (if different from Bill-to)
Address: _____	Address: _____
Attn: _____	Attn: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____

Principals:

<input type="checkbox"/> Corporation	
<i>If one of the following, please provide information below:</i>	<u>2nd</u> Responsible Party
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	SS# _____
SS# _____	Name of Responsible Party(s): (Please Print) _____
Name of Responsible Party(s): (Please Print) _____	Home Address _____
Home Address _____	City/State/Zip _____
City/State/Zip _____	Home Phone () _____
Home Phone () _____	

Banking Information

Bank Name	Acct #
Bank Contact:	
Address	
City: _____ State: _____ Zip: _____	
Phone: _____ Fax: _____	

References: Please list two references from whom you make the majority of your purchases. Please give complete addresses.

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

By signing this application you agree that you are authorizing us to obtain banking, credit and financial information. You are also agreeing that the information above is correct, you authorize us to charge your credit card in the event you have provided us with that account information, and you authorize us to obtain credit information about you. You are agreeing to the terms and as outlined in our retailer kit. Payment not received within those terms may result in your shipments being withheld until your account is current. If a collection agency or attorney undertakes collection of any amount due, you agree to pay the collection and/or attorney fees, interest and any court costs, in addition to the amount due. We truly appreciate your interest in our family of books, products and magazines, and we will strive to meet or exceed your expectations. To fulfill those expectations it is understood that this information will be held in the strictest of confidence.

Signature _____ **Title:** _____