



**Getting Started  
New Account**

Date:  New #  N  Y  U

Rep #  Products  Magazines

Customer Type:  HOB  SPSA  CAT  CLUBTR

DIST  FA1  FA2  FA3

SS:  BW  BB  MUS  AST  R/C  SNW  USA

Perpetual CC  Open Acct  CC/review in one year

New Ship-to # (Bill-to # is: \_\_\_\_\_ )

COO Previous Account # \_\_\_\_\_ Effective Date: \_\_\_\_\_

Assuming Debt Y/N Previous Owner: \_\_\_\_\_

Office Use Only

**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 \_\_\_\_\_  
(If different from Owner)

E-mail \_\_\_\_\_ Web Site: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Business Hours \_\_\_\_\_

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

**Principals:**

Corporation

If one of the following, please provide information below:  
 Partnership  Sole Proprietorship  Other

SS# \_\_\_\_\_

Name of Responsible Party(s): (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

2<sup>nd</sup> Responsible Party

SS# \_\_\_\_\_

Name of Responsible Party(s): (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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:

The undersigned Applicant understands and agrees that the following terms and provisions shall govern (his), (its), (their), open account with Kalmbach Publishing Co. (hereinafter individually/collectively called the Company), and makes the presentations contained herein in order to induce the Company to extend credit to the Applicant. 1) I/We certify that the above information is correct and complete, and further understand that Company shall rely on this information for the extension of credit. From time to time Company shall rely on this information to obtain Credit Reports on Applicant or any individuals listed above or to obtain credit and funding information from other persons or entities listed above. 2) The Applicant shall pay the Company in full for any invoices according to the terms extended in the retailer kit. In the event a credit card is provided, Applicant authorizes the Company to charge applicable amount(s) to satisfy the purchase amount. 3) Should the Applicant default in making any payment required by the terms hereof, and should the Company place Applicant's account with a collections agency or any attorney for collections, Applicant will pay all costs of collections, including reasonable attorney fees, interest, and court cost in addition to the principal amount in default. 4) Failure to comply with the terms of this agreement may result in the suspension or termination of the agreement as determined by the Company in its sole discretion. 5) This agreement shall be construed and enforced according to the laws of the State of Wisconsin and the parties submit to venue in Waukesha County, Wisconsin if suit is brought to collect any balance owed hereunder. Kalmbach Publishing Co. truly appreciates your interest in our family of books, products and magazines, and we will strive to meet or exceed your expectations.

Signature \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_