



400 Hahn Rd
Westminster, Md 21157

Dear Customer:

In order for us to properly maintain your account, your sales tax information is required for our files. If you are exempt from sales tax withholding, please obtain the proper documentation from your state tax department as indicated below and enclose with this completed form.

Sincerely,
Account Maintenance
Fax 1-866-924-1396

Federal Tax ID Number: _____

Customer Name: _____

DBA: _____

Customer Address: _____

City: _____ State: _____

Postal Code: _____ Telephone No: _____

Business Type: Wholesaler Retailer Manufacturer Other (Please Specify) _____

Description of Business: _____

(Ex: Gift Shop, Bookstore, Truck Stop, Car Wash, Newsstand, etc.)

Please select only one of the following options:

- Our purchases of books and/or related items are for resale (attach Form)
- Exempt for other reason (specify)
 - Public school, public library or other government agency (Statement of Gov't Agency)
 - Private school or private library
 - Other (specify and attach) My business is in Alaska. Alaska does not have a sales tax.

By selecting either of the options above and signing below, I further certify that if the tax free purchases made from Penguin Random House are consumed or used as to make it subject to Sales or Use tax, we (the undersigned) will pay the tax due directly to the proper taxing authority or inform the seller for added tax billing..

Not exempt (sales tax will be billed by Penguin Random House)

Signature: _____

Print Name: _____ Date: _____

Title of Signer: _____

Telephone No: _____ Fax No: _____



NEW ACCOUNT APPLICATION
SPECIALTY MARKETS

ATTACH OPENING ORDER

BILLING ADDRESS

SHIPPING ADDRESS

BUSINESS NAME:		BUSINESS NAME:	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
PHONE:	FAX:	PHONE:	FAX:
EMAIL ADDRESS:		EMAIL ADDRESS:	
ACCOUNTS PAYABLE CONTACT INFORMATION:		BUYER NAME:	PHONE #:
		EMAIL ADDRESS:	

CREDIT REFERENCES

NAME	ACCOUNT #	EMAIL ADDRESS	PHONE #

BANK INFORMATION

NAME: _____ ADDRESS _____
PHONE: _____ OFFICER _____ A/C# _____

TYPE OF CUSTOMER

TELL US WHAT TYPE OF RETAIL ESTABLISHMENT YOU HAVE: (IE: GIFT, OUTDOOR, APPAREL)

IS YOUR ESTABLISHMENT BRICKS AND MORTAR ? _____ DO YOU HAVE E-COMMERCE? _____

WEB ADDRESS _____

DO YOU SEE A REP IN THE FIELD CURRENTLY? _____ WOULD YOU LIKE TO? _____

OR WOULD YOU RATHER BE SERVICED BY ONE OF OUR IN-HOUSE REPS? _____

OWNERSHIP: (CHECK ONE) Corporation Partnership Sole Proprietorship, SSN _____

Government Owned Other (Please Specify) _____

Federal ID Number _____

NAME AND ADDRESS OF PRINCIPALS/OFFICERS:

LENGTH OF PRESENT OWNERSHIP _____ HAVE THE OWNERS PREVIOUSLY OPENED AN ACCOUNT WITH RANDOM HOUSE?

Yes No IF YES, UNDER WHAT NAME? _____

DISCOUNTS (PLEASE SELECT ONLY ONE OPTION)

NON-RETURNABLE (50% OFF OF THE RETAIL PRICE) – **OPENING ORDER \$250.00 RETAIL VALUE**

RETURNABLE (46% OFF HARDCOVER AND TRADE PAPERBACK; 44% OFF MASS MARKET; 50 % OFF AUDIO) – **OPENING ORDER \$500.00 RETAIL VALUE**

IF YOUR BUSINESS IS LESS THAN ONE YEAR OLD, OR IF YOU EXPECT CREDIT IN EXCESS OF \$10,000. A FINANCIAL STATEMENT IS REQUIRED. PLEASE ATTACH IT TO THIS APPLICATION.

By completing this credit application you are affirming financial responsibility, ability and willingness to pay invoices in accordance with applicable Purchase Orders and our published Terms of Sale. You authorize Penguin Random House to verify and collect information including but not limited to bank and trade references. If approved, you will be extended credit throughout Penguin Random House. Penguin Random House reserves the right to revoke credit at any time. In the event of non-payment according to our Terms of Sale; you are responsible for any late fees, finance charges, collection fees and/or legal fees incurred.

SIGNATURE

I certify this information to be true and accurate. I authorize Penguin Random House to review and verify the information contained above and authorize our bank and trade references to release any requested information for purposes of granting credit.

(SIGNED: Principal/Officer, Title)

(Date)

OPENING ORDER MUST BE ATTACHED TO THE APPLICATION

WE ARE UNABLE TO OPEN YOUR ACCOUNT UNLESS WE HAVE YOUR FIRST ORDER ATTACHED

FOR INTERNAL USE:

REP CODE _____

CUSTOMER CLASS _____

PRICE GROUP _____

ACCOUNT NUMBER:-- _____