Date: 4/2/2019

*GENERAL ACCOUNT DETAILS*

***\*Required fields***

\*Billing Name and Address \*Shipping Name and Address (if different)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State \_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Type of Business: Book Store [ ]  Gift Store [ ]  Other: (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Sales Rep Use Only***

*\*Please select account type:* ***Returnable***[ ] ***Non-returnable***[ ]

*\*Account Type: \_\_\_\_\_\_\_\_\_ \*Market Channel: \_\_\_\_\_\_\_\_\_\_ \*Sales Rep Code: \_\_\_\_\_\_\_\_\_\_\_\_*

 *Discount: (if non-standard) \_\_\_\_\_\_\_\_\_\_\_\_ Freight terms: (ex. free freight, collect) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*Sales Rep Name/Email/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **\*Payment Terms**

|  |  |  |
| --- | --- | --- |
| ***Credit References***Credit references sent to HBG: Yes [ ]  No [ ] ***Please note***: *One banking and three trade references are required to establish NET 30 day terms. These references can be provided on the credit application on page 4.* |  *OR* | ***Pre-Payment***Payment will be made in full prior to order shipment: Yes [ ]  No [ ] *If account wishes to prepay for their orders -* ***VISA****,* ***MasterCard****,**and* ***American Express*** *are accepted. Bank checks or wire transfers are also acceptable methods of payment. Bank details available upon request.* |

**Credit cards are only accepted at the time your order is placed with HBG. We are unable to process credit card payments for open invoices.   The maximum allowable amount per month that can be processed on credit card(s) is $5,000.**

 **\*Sales Tax Exemption**

Is account tax exempted? Yes, reseller [ ]  Yes, other [ ]  No [ ]

**If you are claiming a sales tax exemption, a copy of your exemption certificate is required. The legally required state government mandated exemption form must be filled out, signed, and remitted to Hachette Book Group in advance of initial shipment. Failure to comply will cause shipments to be held until the requirement is met.**

***Please fill out and return applicable tax documents for all the states to where product is being shipped with account application paperwork. Tax exempt forms can be found at the following link and are organized by state.*** [***https://www.hachettebookgroup.biz/booksellers/sales-tax/***](https://www.hachettebookgroup.biz/booksellers/sales-tax/)

* ***Established accounts (with HBG account numbers) send completed tax certificates to:*** ***accountsmanagement@hbgusa.com***
* ***New accounts (not yet assigned an HBG account number) send completed tax certificates to:***

***newaccounts@hbgusa.com***

**Initial Purchase Order Details** (if submitted with application)

Was an initial PO submitted with New Account Application? Yes [ ]  No [ ]

If no, what is the estimated date the initial PO will be submitted? \_\_\_\_\_\_\_\_\_\_\_\_\_

Date initial PO will need to arrive by (*if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated dollar amount and/or total units of first PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated annual order volume in dollars and units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ELECTRONIC ORDERING DETAILS*

***HBG offers electronic ordering functionality. This service is OPTIONAL.***

\*Will this customer require an EDI relationship? Yes [ ]  No [ ]

* ***If this customer will require an EDI relationship, please send a detailed email with known requirements to the Vendor Compliance Group*** ***compliance@hbgusa.com***
* ***Customers may also register at*** [***pubeasy.com***](http://www.pubeasy.com/) ***or*** [***edelweiss.abovethetreeline.com***](http://edelweiss.abovethetreeline.com/) ***for direct ordering.***

*PACKAGING DETAILS*

\*Does this customer require Special Packaging? Yes [ ]  No [ ]

 ***Note: fees may apply***

* ***if non-standard packaging details are known, please contact the Vendor Compliance Group*** ***compliance@hbgusa.com***

*VENDOR COMPLIANCE ACCOUNT DETAILS*

***\*\*Required fields for Vendor Compliance***

**If your account does not require review by Vendor Compliance, you may ignore this section and proceed to the credit terms application on page 4.**

\*\*Business channel: {Please specify Retail (direct to store or DC), dotcom, direct to consumer drop ship}

\*\*Product to be ordered: {please specify the publisher and/or imprint}

Is there potential to ship to Canada? Yes [ ]  No [ ]

\*\*Is Net pricing required? Yes [ ]  No [ ]

Customer Department: {if known} \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Vendor ID: {if known} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(dept. that product will be sold into)***

\*\*Do ISBNs need to be set up on a customer portal? Yes [ ]  No [ ]

* ***If this customer requires item setup, please contact the Vendor Compliance Group*** ***compliance@hbgusa.com*** ***and request a Customer Item Setup Starter form.***

*VENDOR COMPLIANCE REQUIRED DOCUMENTS*

\*\*Routing guide sent to HBG? Yes [ ]  No [ ]  Requested from customer [ ]

\*\*Vendor guide sent to HBG? Yes [ ]  No [ ]  Requested from customer [ ]

* ***If you have received any set up documents, customer portal links/logins please send directly to the Vendor Compliance Group*** ***compliance@hbgusa.com***

**NEW ACCOUNT APPLICATION FOR CREDIT TERMS**

**d/b/a Business Name (Trade Style)** – Be Precise

**Corporate Name** (if different from above) **Telephone Number**

**Street Address City State Zip Code**

**Type of Business Organization**: [ ] **Corporation** [ ] **Partnership** [ ] **Sole Proprietor**

**Number of Years in Business**

**D & B Rating**

**Financial Statement**

[ ] Available thru D&B [ ] To Follow

[ ] Available on Request [ ] Attached

**Owner – Partner – Officer Name & Title** **Home Address**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AP Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Bank Reference

Name Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer to Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Acct # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Trade References – please provide three references.

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application for an open line of credit is correct to the best of my knowledge. You are authorized to contact the references provided.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_