



NEW ACCOUNT APPLICATION

SPECIAL MARKETS

BILLING ADDRESS

SHIPPING ADDRESS

LEGAL BUSINESS ENTITY NAME:	BUSINESS NAME:
	STREET:
D.B.A.:	
STREET:	
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
PHONE: FAX:	PHONE: FAX:
EMAIL ADDRESS:	EMAIL ADDRESS:
ACCOUNTS PAYABLE CONTACT INFORMATION:	NAME: PHONE #: EMAIL ADDRESS:

I understand I am required to report any change of name or ownership of business.

Date Business Established: _____ State of Incorporation: _____ Federal EIN Number _____

Type of Business Organization: (CHECK ONE)

Corporation Partnership Government Owned Sole Proprietorship, SSN# (last 4 digits only) _____
Other (Please Specify) _____

NAME AND ADDRESS OF PRINCIPALS and/or OFFICERS:

LENGTH OF PRESENT OWNERSHIP _____

ANY PRIOR ACCOUNTS WITH PENGUIN and/or RANDOM HOUSE? Yes No

IF YES, UNDER WHAT NAME? _____

(Initial) Applicant certifies that all information contained herein is true and correct. Applicant grants permission to Penguin Random House LLC to obtain independent credit reports or credit reports and other information from its references and bank, and authorizes the credit references to release information to Penguin Random House LLC that may be used to determine credit worthiness

BANK _____ ADDRESS _____

PHONE _____ OFFICER _____ A/C# _____

TRADE CREDIT REFERENCES:

NAME	ACCOUNT #	EMAIL ADDRESS	PHONE #

IF YOUR BUSINESS IS LESS THAN A YEAR OLD, OR IF YOU EXPECT CREDIT IN EXCESS OF \$10,000 FINANCIAL STATEMENTS ARE REQUIRED. PLEASE FORWARD DOCUMENTS ALONG WITH THIS APPLICATION.

LEGAL BUSINESS ENTITY NAME: _____

TYPE OF BUSINESS: CHECK ONE

- RETAIL BOOKSTORE COLLEGE BOOKSTORE MAIL ORDER SPECIALTY (GIFT)
- OTHER (PLEASE SPECIFY) _____

DISCOUNTS: (PLEASE SELECT ONLY ONE OPTION)

- _____ NON-RETURNABLE (50% OFF OF THE RETAIL PRICE) OPENING ORDER REQUIRED IS \$250.00 (RETAIL VALUE)
 *** OPENING ORDER REQUIRED IS \$250.00 (RETAIL VALUE)
- _____ RETURNABLE (46% OFF HARDCOVER AND TRADE PAPERBACK; 44% OFF MASS MARKET; 50 % OFF AUDIO)
 *** OPENING ORDER REQUIRED IS \$500.00 (RETAIL VALUE)

SIGNATURE

You agree to be bound by all of Penguin Random House LLC’s published Terms of Sale (the “Terms of Sale”) posted on <http://www.penguinrandomhouse.biz/booksellers/termsofsale> (“the Website”). From time to time, Penguin Random House LLC may, in its sole discretion, change, update, amend or modify the Terms of Sale by posting them on the Website at any time and without notice to you (“the Modifications”). Your signature below constitutes your acceptance of such Modifications as set forth on the Website. You further agree that by completing this credit application, you are affirming financial responsibility, ability and willingness to pay invoices according to their terms and the Terms of Sale. In the event of non-payment, you are responsible for all late fees, finance charges, collection fees and/or legal fees incurred.

(SIGNED) (Date)

(PRINT NAME and TITLE)

OPENING ORDER MUST BE ATTACHED TO THE APPLICATION

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

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT’S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY; WASHINGTON, D.C. 20580.

IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT THE PENGUIN RANDOMHOUSE CREDIT MANAGER BY CALLING 1-800-726-0600 OR BY SENDING CORRESPONACE TO 400 HAHN ROAD, WESTMINSTER, MD 21157 WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT.

FOR INTERNAL USE: REP CODE _____ CUSTOMER CLASS _____ PRICE GROUP _____

ACCOUNT NUMBER _____



ORDER FORM

PURCHASE ORDER NUMBER _____

BILLING ADDRESS

SHIPPING ADDRESS

BUSINESS NAME:		BUSINESS NAME:	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
PHONE:	FAX:	PHONE:	FAX:
EMAIL ADDRESS:		EMAIL ADDRESS:	
CONTACT NAME:		CONTACT NAME:	

QUANTITY	ISBN #	TITLE	RETAIL PRICE	NET PRICE

Please fill out the order form and fax it to 1-866-924-1396 or email to newaccount@penguinrandomhouse.com along with your New Account Application and a copy of your tax resale (or exemption) certificate.