

S&S NEW CUSTOMER APPLICATION

Processing your new account application as quickly as possible is very important to us. The following list will help you determine which required forms you are to complete. Avoid delays by submitting all required documentation.

Page #	Form	Explanation
1	Credit Application	Required for all accounts; please note financial statements, trade & bank references are required for credit lines over \$100,000 unless you are a publicly held company.
2	Sales & Use Tax Affidavit	Required if your company is exempt from State sales tax. Must include your tax exemption certificate number to avoid being charged sales tax. <u>If documents are incomplete or missing, order maybe delayed or charged State sales tax.</u>
3	Initial Order	All new accounts are required to submit their first order with their new account application. You may use the attached order form or your own Purchase Order. Orders may not be sent electronically until your account is enabled for electronic ordering.

Email or Fax application & initial order to:

Gina Hruban
Andrews McMeel Universal
Email: ghruban@amuniversal.com
FAX: 816-581-7488
Phone: 816-581-7513

Email, Mail or Fax all future orders to:

Simon & Schuster
Attn: Order Processing Dept.
100 Front Street
Riverside, NJ 08075-7500

Phone: (800) 223-2336
FAX: 1-800-943-9831
Email: purchaseorders@simonandschuster.com

Shipping & Billing Documentation

You will find the Product Invoice Number in the upper right corner of your shipping document. This number can be used throughout the order process from the time your shipment is received through your payment remittance.

Your final Invoice will be mailed to your Billing Address or you may elect to have it emailed. If you would like the Invoice emailed please give the specific email address. _____

You may also access the final Invoice through the Customer Portal as noted below.

Once your account is established, may we suggest you register for the Simon & Schuster Customer Portal? The Simon & Schuster Customer Portal is one stop for all order information including your final invoice. You can also access our seasonal Digital Catalogs and featured backlist in the portal. If you have not yet registered, please go to <https://customerportal.simonandschuster.com> to get started.

If you have any questions you can email us at Customerportal@simonandschuster.com or call our Customer Service Department at 1-800-223-2336.

**Simon & Schuster
New Account Application**

CREDIT APPLICATION

All information provided is kept confidential.

Legal Name of Company:			DUNS #:	
Trade Styles (DBA, Trading As, etc):			Years in business:	
Bill To Address:	City:	State:	Zip:	SAN:
Ship To Address 1:	City:	State:	Zip:	SAN:
Ship To Address 2:	City:	State:	Zip:	SAN:
Ship To Address 3:	City:	State:	Zip:	SAN:
Primary Contact:	Phone:	Email:		
Secondary Contact:	Phone:	Email:		
Financial Contact:	Phone:	Email:		
Related companies in which the principal officers, partners or owners have any interest: (attach a separate page if needed)				
Name:	Address:	City:	State:	Zip:

If S&S has sold to you before or to any present or former affiliate, please explain why, under what names, and when:

Sales Rep Name:	Estimated Annual Purchases:	Requested Credit Line:
Are you a PubEasy® User? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide PubEasy® PIN:	
If the answer to the above is no, please visit PubEasy.com for more information and enrollment.		
Which product lines is your company going to purchase: <input type="checkbox"/> S&S <input type="checkbox"/> AMP <input type="checkbox"/> Harlequin <input type="checkbox"/> VIZ DVD <input type="checkbox"/> Howard <input type="checkbox"/> Other		

Please indicate your company's account classification: Retailer Wholesaler Other _____

To all:

Trade & Bank References: Please attach your top 3 trade references in the publishing industry and your bank references. If you prefer, you can **fax** this documentation to the Credit Department at 856-824-2290.

Resale Tax Exemption Certificate: Please attach a copy of your resale tax exemption certificate in each of the tax jurisdictions in which you are registered

In addition, if requesting a credit line over \$100,000, you will also need to attach the following documents:

Financial Statements: If you are requesting a credit line over \$100,000, please attach your complete annual reports for the past 2 fiscal years.

The information in this application and in all statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Simon & Schuster to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and trade creditors to submit complete information for the purpose of credit evaluation. The undersigned agrees to make payments in accordance with the payment terms indicated on Simon & Schuster invoices. The undersigned acknowledges that he/she has read and understood all pages of this account application.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

SALES & USE TAX AFFIDAVIT

INCOMPLETE OR MISSING INFORMATION MAY CAUSE ORDER TO BE DELAYED
 IF YOU DO NOT SUPPLY THE CERTIFICATE NUMBER WE ARE REQUIRED BY LAW TO BILL SALES TAX.

Company Name: _____

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

I HEREBY CERTIFY under penalties of perjury that all personal property purchased from Simon & Schuster is exempt from sales or use tax for the following reason: **(check applicable reason)**

- Resale, in the regular course of business, in the form of tangible personal property, which may include; books, tapes, CDs, Calendars and other Published products.
- Exempt institution or agency. **(Please indicate below the nature of your organization)**
- Other authorized exemption **(Please indicate below the nature of your organization)**

For all states you are registered in provide certificate number and date of issue
 States noted below with "*" must include a copy of resale certificate or letter.

State	Certificate #	Date of Issue	State	Certificate #	Date of Issue
AL			MO		
AR			NE		
AZ			NV		
CA			NJ		
CO			NM		
CT			NY*		
DC*			NC		
GA			ND		
FL			OH		
HI			OK		
ID			PA		
IL			RI		
IN*			SC		
IA			SD		
KS			TN		
KY			TX		
LA*			UT		
ME			VT		
MD			VA*		
MA*			WA		
MI			WV*		
MN			WI		
MS*			WY*		

FL, IL, MA & SD do not accept multi-jurisdictional certificates.
 Resale exempt states: AK, MT, NH, DE & OR

For Simon & Schuster use only:

S&S Account Number: _____

Date Received: _____

Reviewed by: _____

**Simon & Schuster
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INITIAL ORDER FORM

S&S ACCOUNT # _____

Please complete the following order form, or send us your order on your own form. Return the completed order form with this packet.

FOR DEPARTMENT USE ONLY	
DOC#:	ORDER TYPE - RO:
RUSH CODE:	INITIALS:

NOTE: All Asterisk (*) Areas Must Be Completed

Customer P.O. #:

B I L L T O	ACCOUNT NAME	S H I P T O	ACCOUNT NAME
	ADDRESS 1		ADDRESS 1
	ADDRESS 2		ADDRESS 2
	CITY/STATE/ZIP		CITY/STATE/ZIP
	MARK FOR:		

SPECIAL INSTRUCTIONS:

QUANTITY	ISBN	TITLE/AUTHOR	RETAIL PRICE

PREPARED BY :	* TEL. #	DATE:
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