

GUILFORD PRESS *New Account Application*

page 1 of 3

370 Seventh Avenue, Suite 1200 | New York, NY 10001-1020

800-365-7006 | 212-431-9800 | www.guilford.com

Business Name: _____

Contact Name: _____

Address 1: _____ Address 2: _____

City: _____ State/Prov: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____ Fax: (____) _____

E-Mail: _____ Website: _____

TYPE OF OWNERSHIP: ☐ Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Corporation

☐ Other (please specify) _____ Year Established: _____

Principals:

Name: _____ Name: _____

Address: _____ Address: _____

City/ST/zip: _____ City/ST/zip: _____

TYPE OF BUSINESS: Please describe your business: _____

Please list major Markets served (indicate % of sales through each): _____

Do participate in these sale types: ☐ Seminars/Workshops ☐ Govt/Institution Bids or Special Orders Are there special needs your business has? _____

Your primary subjects / product categories are: _____

Areas You Serve: ☐ National ☐ Regional (where) _____ Other (describe) _____

College/Seminary stores only: Institution served _____

Store Ownership: ☐ Institutional ☐ Private ☐ Other (please specify) _____

SHIPPING NEEDS

☐ Have Guilford Press determine the most expeditious and economical method of shipment.

☐ Check here if your shipping address is Residential. [Residential Delivery is delivery to a home—including a business operating out of a home—that does not have an entrance open to the public.]

Ship via: ☐ Fed Ex Collect ☐ Ground Acct. # _____ Air Acct # _____

☐ UPS Collect Acct. # _____ ☐ Other (describe) _____

☐ If you have separate shipping locations, please check here and attach a separate sheet with details.

PURCHASE VOLUME

To help us establish your credit needs, estimated annual purchases from Guilford: \$ _____

Seasonal considerations: _____

GUILFORD PRESS *New Account Application*

page 2 of 3

370 Seventh Avenue, Suite 1200 | New York, NY 10001-1020
800-365-7006 | 212-431-9800 | www.guilford.com

BANK INFORMATION

BANK: _____ BRANCH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT#: _____ CONTACT: _____

BUSINESS REFERENCES: Please list three. Publishing companies preferred.

1. Company Name _____

Type of Business: _____ Acct. # _____

Street: _____

City/ST/ZIP _____

Phone (____) _____ Fax (____) _____ Email _____

2. Company Name _____

Type of Business: _____ Acct. # _____

Street: _____

City/ST/ZIP _____

Phone (____) _____ Fax (____) _____ Email _____

3. Company Name _____

Type of Business: _____ Acct. # _____

Street: _____

City/ST/ZIP _____

Phone (____) _____ Fax (____) _____ Email _____

❖ To let us get to know you better, please forward a recent catalog, flyer, or email promotion.

Name (please print): _____ Title: _____

Signed: _____ Date: _____

Office use only:

Acct #: _____ Type: _____ Class: _____ Terms: Grid Other _____

Rep: _____ Cr \$: _____ Net: _____ TaxExempt: _____

Comment: _____

GUILFORD PRESS *New Account Application*

page 3 of 3

370 Seventh Avenue, Suite 1200 | New York, NY 10001-1020
800-365-7006 | 212-431-9800 | www.guilford.com

RESALE CERTIFICATE INSTRUCTIONS

Regardless of terms, a tax resale certificate must be submitted for every state in which there are product receiving locations.

The following states require submission of the reseller certificate:

Indiana, Louisiana, Massachusetts, Mississippi, New York, Virginia, West Virginia, and Wyoming.

Please send a copy of your state's reseller certificate with your application.

Resellers with locations in all other states can either complete the certificate below by filling in the following information in the numbered space, or send a copy of their reseller certificate.

- (1) Complete legal business name
- (2) State sales tax permit number
- (3) Name of state issuing permit number
- (4) General description of your business
- (5) Description of types of property you intend to purchase ordering customers
- (6) Date certificate is signed
- (7) Signature of owner or officer with authority to sign
- (8) Name and title of person signing certificate
- (9) Business address and phone number
- (10) Standard Address Number (SAN) required for electronic
- (11) Expiration date of certificate

RESALE CERTIFICATE

(1) _____ ("Reseller") hereby certifies that it holds valid state sales tax permit number (2) _____ issued by the state of (3) _____; that it is engaged in the business of (4) _____; and that the tangible personal property described below purchased from Guilford Publications Inc. will be resold by it in the form of tangible personal property. Description of property purchased (5) _____.

In the event that any of the above described property is not resold, and is held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business, Reseller will report the purchase of such property to the appropriate tax authorities and will pay all required sales and use taxes relating to the purchase of such property.

Certified and agreed on (6) _____ (mm/dd/yy)

RESELLER

Signature (7) _____

Address (9) _____

Name (8) _____

Phone (_____) _____

Title _____

Standard Address Number (10) _____

Expiration Date (11) _____