

Date: \_\_\_\_\_

## GENERAL ACCOUNT DETAILS

*\*Required fields*

<b>*Billing Name and Address</b>	<b>Shipping Name and Address (if different)</b>
_____	_____
_____	_____
_____	_____
City _____	City _____
State _____ Postal Code _____	State _____ Postal Code _____
<b>*Phone #</b> _____	<b>Phone #</b> _____
<b>*E-mail</b> _____	<b>E-mail</b> _____
<b>*Contact Name</b> _____	<b>Contact Name</b> _____
<b>*Type of Business:</b> Book Store <input type="checkbox"/> Gift Store <input type="checkbox"/> 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 \$6,000.**

## \*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.com/landing-page/hbg-sales-tax-information/>

- ➔ **New accounts, (not yet assigned an HBG account number) please send completed tax certificates along with your filled-in application to: [newaccounts@hbgusa.com](mailto:newaccounts@hbgusa.com)**
- ➔ **Established accounts, (with HBG account numbers) please send completed tax certificates along with your filled in application to: [accountsmanagement@hbgusa.com](mailto:accountsmanagement@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@hbqusa.com](mailto:compliance@hbqusa.com)**

→ **Customers may also register at [pubeasy.com](http://pubeasy.com) or <https://www.edelweiss.plus/> 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@hbqusa.com](mailto:compliance@hbqusa.com)**

VENDOR COMPLIANCE ACCOUNT DETAIL (OPTIONAL)

**\*\*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}

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

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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@hbqusa.com](mailto:compliance@hbqusa.com) and request a Customer Item Setup Starter form.**

## VENDOR COMPLIANCE REQUIRED DOCUMENTS (OPTIONAL)

\*\*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](mailto:compliance@hbgusa.com)*

## ACCOUNT APPLICATION FOR CREDIT TERMS

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

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Corporate Name (if different from above)

Telephone Number

---

Street Address

City

State

Zip Code

---

Type of Business Organization:

Corporation

Partnership

Sole Proprietor

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Number of Years in Business

D & B Rating

Financial Statement

Available thru D&B       To Follow

Available on Request       Attached

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Owner – Partner – Officer Name & Title

Home Address

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

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

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

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

### **Bank Reference**

Name	Address	City	State	Zip Code	
<hr/>					
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	_____				

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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 \_\_\_\_\_