



Bookazine
a global distributor

serving booksellers since 1929

bookazine.com | 201.339.7777

75 Hook Road * Bayonne, NJ 07002 * Fax: 201.339.7778

NEW ACCOUNT APPLICATION (INTERNATIONAL)

BUSINESS INFORMATION

Legal Business Name: _____

DBA/Trade Name: _____

Type of Business: Corporation Partnership Proprietorship LLC

Federal Tax # (US): _____ GST# (International): _____

VAT# (International): _____

Bill to SAN: _____

Ship to SAN: _____

Primary Contact: _____ Title: _____

Phone Number: _____ Fax Number: _____

Email: _____

Sales Contact: _____ Title: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____ Years in Business: _____

Ship to Address: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____

Annual Gross Sales Overall: _____

Estimated Monthly Credit Requested: _____

FINANCIAL INFORMATION

Has this business ever applied for credit with Bookazine? Yes No

Dun & Bradstreet#: _____

Trade Reference 1: _____

Account #: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Trade Reference 2: _____

Account #: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Trade Reference 3: _____

Account #: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Bank Reference: _____ Contact Name: _____

Contact Phone: _____

Account #: _____ Account #: _____

OWNERSHIP INFORMATION

Name: _____ Annual Income: _____

Address: _____ Phone #: _____

Country: _____ Rent Own

Email Address: _____

FREIGHT FORWARDER:

Name: _____ **Contact:** _____ **Phone:** _____

Email: _____

Address: _____

TERMS:

The undersigned applicant agrees as follows:

That the terms of sale are acknowledged as net 60 days E.O.M. (End Of Month), and that the account is subject to a late charge of 1% per month on all balances more than 60 days past due. Furthermore, I understand that Bookazine Co., Inc., without prior notice may cease to process my orders or extend any credit if my account is past due. The undersigned represents warrants, and affirms, that the statements made in this application are true and correct and have been made to induce you to extend credit to the undersigned with knowledge that you will rely thereon. For the same purpose, the undersigned affirms, represents, and warrants that the undersigned is not obligated to any bank loan company, corporation or individual, except as shown in our financial statement, and that no suits, judgements or legal claims of any kind whatsoever are now pending against undersigned.

In order to induce Bookazine Co., Inc. to extend credit to the above corporation/partnership/individual/LLC, the undersigned personally guarantees payment of the account and of each and every invoice rendered to the applicant by Bookazine Co., Inc. This guarantee is and shall be in full force and effect until it is cancelled in writing and forwarded to Bookazine Co., Inc., by registered mail, return receipt requested. Said cancellation to be effective commencing 24 hours after receipt of notice thereof by Bookazine Co., Inc., and may affect Bookazine Co., Inc.'s decision to extend or continue to extend any credit to the above corporation/partnership/individual/LLC after receipt of notice. In the event that an outstanding indebtedness is not paid on a timely basis and Bookazine Co., Inc., places your account for collection, the corporation/partnership/individual/LLC agrees to pay 25% as reasonable attorney and/or collection fees.

I hereby authorize the release of information relating to my credit history to Bookazine Co., Inc., for the purpose of establishing a business relationship.

Signature: _____

Title: _____

PAYMENT METHODS

Wire Transfer:

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94104
Account #: 2000013486716
Swift Code – WFBIUS6S

ACH:

Contact Credit Dept.
for Setup Instructions

If payment by credit card: AmEx Visa MasterCard Other

Credit Card #: (A 3% Convenience Fee Will Be Applied) _____

Card Holder Name: _____

Exp. Date: _____ Security Code: _____

Cardholder Address: _____

Signature: _____