

new**harbinger**publications

5674 Shattuck Avenue
Oakland, California 94609
(510) 652-0215 FAX (510) 652-5472
www.newharbinger.com

RESALE CREDIT APPLICATION

Instructions:

Please complete all sections of this form. For your convenience, you may enter information into this form electronically when using Adobe Acrobat Reader; simply click on the form and type in the spaces provided. When you have finished filling out the form, print and sign the document where indicated. Mail your completed and signed application to:

New Harbinger Publication
Attn: Credit Applications
5674 Shattuck Avenue
Oakland, California 94609

You may also fax the completed forms to: (510) 652-5472, attention "Credit Applications."
We CANNOT accept credit applications sent by way of email.

Note: If your business is located in the state of California, your credit application **MUST** be accompanied by a completed California Resale Certificate (form BOE-230) which is included with this application. Businesses located outside of California are not required to fill out form BOE-230.

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5674 Shattuck Avenue, Oakland, California 94609
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Jobber / ID

Retail

Mail Order Catalog

Wholesale

Description of Business: _____

CREDIT APPLICATION AND ACCOUNT AGREEMENT

Company Name: _____

Number of Years in Business Under This Name _____

DBA: _____

Number of Years at This Location: _____

Address: _____

Sole Proprietorship

Name of Owner: _____

City: _____

Owner's SS#: _____

State: _____ ZIP _____

Partnership

Corporation: Registered in the State of: _____

Phone: _____ FAX: _____

Date of Incorporation: _____

Web Site URL: _____

Subsidiary

Accounts Payable Address: _____

Division Parent: _____

Federal ID #: _____

Accounts Payable Contact: _____

Resale #: _____

A/P Phone: _____ DUNS# _____

Credit Line Requested: _____

A/P Email Address: _____

SAN #: _____

Buyer's Name: _____

Mark this box if plan to order electronically from NHP.

Buyer's Phone: _____

Which program do you use? _____

Buyer's Email Address: _____

EDI Contact Name: _____

How do you prefer to be contacted? _____

EDI Contact Phone: _____

Are you engaged in the business of selling:

EDI Contact Email Address: _____

Books Audio and/or Video Tapes

Will your purchases from NHP be for resale?

Yes No

BANKING INFORMATION

Name of Bank: _____

Address: _____

Phone: _____

Account Number: _____

TRADE REFERENCES

Company Name : _____
Address: _____

Contact: _____
Account Holder Since: _____
Credit Limit: _____

Company Name : _____
Address: _____

Contact: _____
Account Holder Since: _____
Credit Limit: _____

Company Name : _____
Address: _____

Contact: _____
Account Holder Since: _____
Credit Limit: _____

Company Name : _____
Address: _____

Contact: _____
Account Holder Since: _____
Credit Limit: _____

- The undersigned understands and agrees to the following:
- 1. The applicant acknowledges that New Harbinger Publications, Inc. or its agent will conduct a credit investigation based in the information in this application, and authorizes applicant's bank and other such institutions to release information, as desired, to New Harbinger Publications, Inc., or its agent.
 - 2. If granted and account, the applicant agrees to abide by all terms of account set forth by New Harbinger Publications, Inc., and further agrees to apply any and all late payment charges assessed.
 - 3. For any check returned to New Harbinger Publications, Inc., the applicant will incur a \$25.00 service charge.
 - 4. In the event that collections proceedings must be initiated, the applicant agrees to pay all resulting collections and attorney's fees.

To the best of my (our) knowledge, all of the above statements are true and accurate. I (We) authorize New Harbinger Publications, Inc., or its agent to make any and all inquiries necessary to approve this application. By my (our) signature(s) below, I (we) hereby agree to indemnify and hold harmless New Harbinger Publications, Inc., and its agents from any liability resulting from their credit inquiry or other investigation of this application.

Authorized Signature: _____ Title: _____ Date : _____

Print Name: _____

Authorized Signature: _____ Title: _____ Date: _____

Print Name: _____