

## 400 Hahn Rd Westminster, MD 21157

Thank you for your interest in opening an account with Penguin Random House!

We have a new and exciting opportunity for all of our business accounts wishing to work through our website.

The Business to Business website (or BIZ site) allows you to handle many facets of your day to day tasks during a time which is convenient to you. Our BIZ site is available 24/7, so you do not need to interrupt your daily business routine of taking care of those very important customers. Our BIZ site offers the following selections:

- Purchase Order and Invoice research
- PO/Order tracking
- Order Status
- Instant claim damages
- Damage replacement orders
- Retrieve invoices and have them emailed directly to you
- Title/Author Lookup

We encourage you to register (after your account has been created) so you can seamlessly have full BIZ site capabilities. Please visit www.penguinrandomhouse.biz, go to Business Self-Service and click on Register. It's quick, it's easy, so register today!

To find out what's new with Penguin Random House, please visit www.penguinrandomhouseretail.com. See our bestsellers, discover new books, review our seasonal catalogs, and find the sales rep that best fits your needs!



## NEW SPECIAL MARKETS ACCOUNT APPLICATION

| Billing Address                                                                                               |                                         | Shipping Address                |                                                       |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|-------------------------------------------------------|
| LEGAL BUSINESS                                                                                                |                                         | BUSINESS                        |                                                       |
| NAME:                                                                                                         |                                         | NAME:                           |                                                       |
| D.B.A.:                                                                                                       |                                         |                                 |                                                       |
| STREET:                                                                                                       |                                         | STREET:                         |                                                       |
| CITY:                                                                                                         |                                         | CITY:                           |                                                       |
|                                                                                                               | 710                                     | 07.175                          | 710                                                   |
| STATE:                                                                                                        | ZIP:                                    | STATE:                          | ZIP:                                                  |
| COUNTRY:                                                                                                      |                                         | COUNTRY:                        |                                                       |
| PHONE:                                                                                                        |                                         | PHONE:                          |                                                       |
| EMAIL:                                                                                                        |                                         | EMAIL:                          |                                                       |
| ACCOUNTS PAYABLE                                                                                              |                                         | AP PHONE:                       |                                                       |
| CONTACT PERSON:                                                                                               | AP EMAIL:                               |                                 |                                                       |
|                                                                                                               | he above addresses a resider            | nce? Yes No If ves              | which? Billing Shipping                               |
| SECTION ONE complete one of the fo                                                                            | llowing:                                |                                 |                                                       |
|                                                                                                               |                                         |                                 | cuments:                                              |
| Sole Proprietorship, (US accounts o                                                                           | only) (only last 4 digits of SS#)       |                                 |                                                       |
| Government Issued ID# (Internatio                                                                             | nal accounts only):                     |                                 |                                                       |
| <u>SECTION TWO</u>                                                                                            |                                         |                                 |                                                       |
| Type of Business: (Check one)                                                                                 |                                         |                                 |                                                       |
| Vholesale: (Affidavit must be College Booksto   ttached, identifying businesses selling to) Specialty (Gift/E |                                         |                                 | Amazon Reseller: Yes No                               |
| Retail Bookstore: Subscription Bo                                                                             |                                         | ft/Boutique):<br>Box:           | Website:<br>Other:                                    |
| SECTION THREE                                                                                                 |                                         |                                 |                                                       |
| Date ( <i>year</i> ) Business Established: _                                                                  |                                         |                                 |                                                       |
| ANY PRIOR ACCOUNTS WITH PENC                                                                                  | GUIN and/or RANDOM HOUSE?               | Yes No                          |                                                       |
| f YES, under what name/ account                                                                               | #? <u></u>                              |                                 |                                                       |
| Would you like to receive electron                                                                            | ic invoices and statements? Yes         | No Email:                       |                                                       |
| NAME and ADDRESS OF OWNERS,                                                                                   | PRINCIPALS and/or OFFICERS:             |                                 |                                                       |
| PAYMENT TERMS SECTION                                                                                         |                                         |                                 |                                                       |
|                                                                                                               |                                         |                                 | ı for CC info – do not include it in this paperwork.] |
|                                                                                                               |                                         |                                 |                                                       |
|                                                                                                               |                                         |                                 |                                                       |
| PHONE                                                                                                         | OFFICER                                 | EMAIL                           |                                                       |
| TRADE CREDIT REFERENCES: (Ne                                                                                  | , , , , , , , , , , , , , , , , , , , , |                                 |                                                       |
| NAME                                                                                                          | ACCOUNT #                               | PHONE #                         | EMAIL                                                 |
|                                                                                                               |                                         |                                 |                                                       |
|                                                                                                               |                                         |                                 |                                                       |
|                                                                                                               |                                         |                                 |                                                       |
|                                                                                                               |                                         | IN EXCESS OF \$10,000 FINANCIAL | I<br>STATEMENTS ARE REQUIRED. PLEASE FORWARD          |
| DOCUMENTS ALONG WITH THIS APPLIC                                                                              |                                         |                                 |                                                       |



### Legal Business Name: (Must match page 1):

## **Discount Structure**

**DISCOUNT**: (SELECT ONLY ONE OPTION)

\_\_\_\_NON-RETURNABLE (50% off retail value)

\_\_\_\_\_RETURNABLE (46% off Hardcover and Trade Paperback; 44% off mass market; 50 % off audio)

#### SIGNATURE SECTION

• You agree to be bound by all of Penguin Random House LLC's published Terms of Sale (the "Terms of Sale") posted on <a href="http://www.penguinrandomhouse.biz/booksellers/termsofsale">http://www.penguinrandomhouse.biz/booksellers/termsofsale</a> ("the Website"). From time to time, Penguin Random House LLC may, in its sole discretion, change, update, amend or modify the Terms of Sale by posting them on the Website at any time and without notice to you ("the Modifications"). Your signature below constitutes your acceptance of such Modifications as set forth on the Website. You further agree that by completing this credit application, you are affirming financial responsibility, ability and willingness to pay invoices according to their terms and the Terms of Sale. In the event of non-payment, you are responsible for all late fees, finance charges, collection fees and/or legal fees incurred.

• You understand you are required to report any change of name or ownership of business.

• Applicant certifies that all information contained herein is true and correct. Applicant grants permission to Penguin Random House LLC to obtain independent credit reports or credit reports and other information from its references and bank, and authorizes the credit references to release information to Penguin Random House LLC that may be used to determine credit worthiness.

# SIGNATURE(We are unable to accept without a signature)

DATE

Please type or sign your first and last name to verify that the information you have provided is accurate and that you consent to the terms outlined in this application. Note that typing your name is considered the equivalent of a signature

### USACCOUNTS (only) .....

The federal equal credit opportunity act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency that administers compliance with this law concerning this creditor is federal trade commission, equal credit opportunity; Washington, DC 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the penguin random house credit manager by calling 1-800-726-0600 or by sending correspondence to 400 Hahn road, Westminster, MD 21157 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Please send New Account application, order and applicable tax doc to newaccount@penguinrandomhouse.com or fax to 1-866-924-1396.