| C:\Users\uduffse\Pictures\ss header.png Simon & SchusterPREPAID ACCOUNT APPLICATION |
| --- |
| **Fax this form to 856-824-2286** |
| Is this for an event? Yes [ ]  No [ ]  | Event Date: | Must Arrive By(DD/MM/YY): |
| **TO be COMPLETED BY ACCOUNT** |
| Legal Name of Company:  | Doing Business As (DBA): |
| **Billing Address:**  | **Shipping Address (if different than billing):** |
| Account Name:  | Account Name: |
| Address 1:  | Address 1:  |
| Address 2:  | Address 2:  |
| City/State/Zip:  | City/State/Zip:  |
| Contact Name: | Phone: | Email: |
| **Is your account tax exempt? Yes** [x]  **Or No** [ ]  Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If Yes, please complete Page 2 of this application and include your tax certificate.**  |
| **QUANTITY** | **ISBN** | **TITLE/AUTHOR** | **RETAIL PRICE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TO BE COMPLETED BY S&S SALES REPRESENTATIVE** |
| Account Description: |
| Account Discount Class (3 digits): | Account Discount Class (5 digits): | Returnable? Yes [ ]  No [ ]  |
| Date of Order: | Ship Via: | Customer PO#: |
| Director’s Approval: | Discount: | Net Price: |
| **PAYMENT** |
| Credit Card Holder Name: |
| Credit Card Holder Billing Address: |
| Signature: |
| Phone #: | Email: |
| Credit Card #:  | Expiration Date: | V [ ]  MC [ ]  AMEX [ ]  |

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**SALES & USE TAX AFFIDAVIT**

**INCOMPLETE OR MISSING INFORMATION MAY CAUSE ORDER TO BE DELAYED.**

**IF YOU DO NOT SUPPLY A CERTIFICATE NUMBER WE ARE REQUIRED BY LAW TO APPLY SALES TAX.**

|  |
| --- |
| **Company Name:** |
| **Street Address:** | **City:** | **State:** | **Zip Code:** |
| **Authorized Signature:** | **Title:** |
| **Print Name:** | **Date:** |

I HEREBY CERTIFY under penalties of perjury that all personal property purchased from Simon & Schuster is exempt from sales or use tax for the following reason: ***(check applicable reason)***

|  |
| --- |
| * Resale, in the regular course of business, in the form of tangible personal property, which may include: books, tapes, CDs, calendars, and other published products.
 |
| * Exempt institution or agency. ***(Please indicate below the nature of your organization)***
 |
| * Other authorized exemption *(****Please indicate below the nature of your organization)***
 |
| Provide certificate number and date of issue for all states in which you are registered.Include a copy of resale certificate or letter for those states noted with “\*”. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State** | **Certificate #** | **Date of Issue** | **State** | **Certificate #** | **Date of Issue** |
| AL |  |  | MO |  |  |
| AR |  |  | NE |  |  |
| AZ |  |  | NV |  |  |
| CA |  |  | NJ |  |  |
| CO |  |  | NM |  |  |
| CT |  |  | NY\*  |  |  |
| DC\*  |  |  | NC |  |  |
| GA |  |  | ND |  |  |
| **FL** |  |  | OH |  |  |
| HI |  |  | OK |  |  |
| ID |  |  | PA |  |  |
| **IL** |  |  | RI |  |  |
| IN\*  |  |  | SC |  |  |
| IA |  |  | **SD** |  |  |
| KS |  |  | TN |  |  |
| KY |  |  | TX |  |  |
| LA\*  |  |  | UT |  |  |
| ME |  |  | VT |  |  |
| MD |  |  | VA\*  |  |  |
| **MA\***  |  |  | WA |  |  |
| MI |  |  | WV\* |  |  |
| MN |  |  | WI |  |  |
| MS\*  |  |  | WY\*  |  |  |

**To be completed by Simon&Schuster:**

S&S Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FL, IL, MA** & **SD** do not accept multi-jurisdictional certificates.

Resale exempt states: AK, MT, NH, DE & OR