## S&S NEW CUSTOMER APPLICATION

Processing your new account application as quickly as possible is very important to us. The following list will help you determine which required forms you are to complete. Avoid delays by submitting all required documentation.

|  |  |  |
| --- | --- | --- |
| Page # | Form | **Explanation** |
| 1 | Credit Application | Required for all accounts; please note financial statements, trade & bank references are required for credit lines over $100,000 unless you are a publicly held company. |
| 2 | Sales & Use Tax Affidavit | Required if your company is exempt from State sales tax. **Must include** your tax exemption certificate number to avoid being charged sales tax.  If documents are incomplete or missing, order maybe delayed or charged State sales tax. |
| 3 | Initial Order | All new accounts are required to submit their first order with their new account application. You may use the attached order form or your own Purchase Order. Orders may not be sent electronically until your account is enabled for electronic ordering. |

**Email, Mail or Fax application & initial order to:** **Email,** **Mail or Fax all future orders to:**

Simon & Schuster Simon & Schuster

Attn: New Accounts/Acct. Maintenance Attn: Order Processing Dept.

100 Front Street 100 Front Street

Riverside, NJ 08075-7500 Riverside, NJ 08075-7500

Email: [ssaccountmaintenance@cbs.com](mailto:ssaccountmaintenance@cbs.com)

FAX: (856) 824-2287 FAX: 1-800-943-9831

Telephone: (800) 223-2336 Email: [purchaseorders@simonandschuster.com](mailto:purchaseorders@simonandschuster.com)

Shipping & Billing Documentation

You will find the Product Invoice Number in the upper right corner of your shipping document.  This number can be used throughout the order process from the time your shipment is received through your payment remittance.

Your final Invoice will be mailed to your Billing Address or you may elect to have it emailed.  If you would like the Invoice emailed please give the specific email address.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may also access the final Invoice through the Customer Portal as noted below.

Once your account is established, may we suggest you register for the Simon & Schuster Customer Portal? The Simon & Schuster Customer Portal is one stop for all order information including your final invoice.  You can also access our seasonal Digital Catalogs and featured backlist in the portal. If you have not yet registered, please go to <https://customerportal.simonandschuster.com> to get started.

If you have any questions you can email us at [Customerportal@simonandschuster.com](mailto:Customerportal@simonandschuster.com) or call our Customer Service Department at 1-800-223-2336.

**CREDIT APPLICATION**

*All information provided is kept confidential.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name of Company: | | | | | | | DUNS #: | | | | |
| Trade Styles (DBA, Trading As, etc): | | | | | | | Years in business: | | | | |
| Bill To  Address: | | City: | | | | State: | Zip: | | | SAN: | |
| Ship To  Address 1: | | City: | | | | State: | Zip: | | | SAN: | |
| Ship To  Address 2: | | City: | | | | State: | Zip: | | | SAN: | |
| Ship To  Address 3: | | City: | | | | State: | Zip: | | | SAN: | |
| Primary  Contact: | | Phone: | | | | Email: | | | | | |
| Secondary  Contact: | | Phone: | | | | Email: | | | | | |
| Financial  Contact: | | Phone: | | | | Email: | | | | | |
| Related companies in which the principal officers, partners or owners have any interest: (attach a separate page if needed) | | | | | | | | | | | |
| Name: | Address: | | | | City: | | | State: | | | Zip: |
| If S&S has sold to you before or to any present or former affiliate, please explain why, under what names, and when: | | | | | | | | | | | |
| Sales Rep Name: | | | Estimated  Annual Purchases: | | | | | | Requested  Credit Line: | | |
| Are you a PubEasy® User? 🞏 Yes 🞏 No | | | | If yes, provide PubEasy® PIN: | | | | | | | |
| If the answer to the above is no, please visit **PubEasy.com** for more information and enrollment. | | | | | | | | | | | |
| Which product lines is your company going to purchase: 🞏 S&S 🞏 AMP 🞏 Harlequin 🞏VIZ DVD 🞏Howard  🞏 Other | | | | | | | | | | | |
| Please indicate your company’s account classification: 🞏 Retailer 🞏 Wholesaler 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

**To all:**

**Trade & Bank References**: Please attach your top 3 trade references in the publishing industry and your bank references.  If you prefer, you can **fax** this documentation to the Credit Department at 856-824-2290.

**Resale Tax Exemption Certificate**:  Please attach a copy of your resale tax exemption certificate in each of the tax jurisdictions in which you are registered

**In addition, if requesting a credit line over $100,000, you will also need to attach the following documents:**

**Financial Statements**:  If you are requesting a credit line over $100,000, please attach your complete annual reports for the past 2 fiscal years.

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The information in this application and in all statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Simon & Schuster to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and trade creditors to submit complete information for the purpose of credit evaluation. The undersigned agrees to make payments in accordance with the payment terms indicated on Simon & Schuster invoices. The undersigned acknowledges that he/she has read and understood all pages of this account application.

|  |  |  |
| --- | --- | --- |
| Authorized Signature: | Title: | |
| Print Name: | | Date: |

**SALES & USE TAX AFFIDAVIT**

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

**IF YOU DO NOT SUPPLY THE CERTIFICATE NUMBER WE ARE REQUIRED BY LAW TO BILL 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)*** |
| For all states you are registered in provide certificate number and date of issue  States noted below with “**\***” must include a copy of resale certificate or letter. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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\* |  |  |

**For Simon & Schuster use only:**

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

**INITIAL ORDER FORM S&S ACCOUNT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please complete the following order form, or send us your order on your own form. Return the completed order form with this packet.*

|  |  |
| --- | --- |
| ***FOR DEPARTMENT USE ONLY*** | |
| ***DOC#:*** | ***ORDER TYPE – RO:*** |
| ***RUSH CODE:*** | ***INITIALS:*** |

***NOTE: All Asterisk () Areas Must Be Completed***

|  |
| --- |
| **Customer P.O. #:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **BILL**  **TO** | **ACCOUNT NAME** | **S**  **H**  **I**  **P**  **TO** | **ACCOUNT NAME** |
| **ADDRESS 1** | **ADDRESS 1** |
| **ADDRESS 2** | **ADDRESS 2** |
| **CITY/STATE/ZIP** | **CITY/STATE/ZIP** |
| **MARK FOR:** |  |

|  |
| --- |
| **SPECIAL INSTRUCTIONS:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QUANTITY | ISBN | **TITLE/AUTHOR** | | RETAIL PRICE |
|  |  |  | |  |
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|  |  |  | |  |
| **PREPARED BY : \* TEL. #** | | | **DATE:** | |