



Simon & Schuster, Inc.
New Account Application

APPLICATION INSTRUCTIONS

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 \$10,000. |
| 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. Note: If shipping to one of the states noted by asterisk (*) on page 2, or you're requesting a credit limit over \$10,000, you must also include a copy of the State's resale certificate. If sales tax is billed and a resale certificate is subsequently provided, you will need to pursue tax directly from state. |
| 3 | Operating Procedures | S&S requires all new accounts to confirm their understanding of our operating procedures. |
| 4 | Opening Order | All new accounts are required to submit their opening order with their new account application. The minimum opening order for Retail accounts is \$500.00 gross retail value, and the minimum opening order for Wholesale accounts is \$1,000.00 gross retail value. You may use the attached order form or your own Purchase Order. Orders may not be sent electronically until your account is established and your first order has been processed. |
| 5 | Distributor/Wholesaler Affidavit | Required only if you are a distributor/wholesaler. Must be reproduced on your company letterhead. |

Mail or Fax application & Opening order to:

Simon & Schuster
Attn: New Accounts/Acct. Maintenance
100 Front Street
Riverside, NJ 08075-7500

FAX: (856) 824-2287
Telephone: (800) 223-2336

Mail or Fax all future orders to:

Simon & Schuster
Attn: Order Processing Dept.
100 Front Street
Riverside, NJ 08075-7500

FAX: 1-800-943-9831

Email: bookselleraccounts@simonandschuster.com

*NOTE: Opening Order **must** be attached.



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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? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide PubEasy® PIN: | |

If the answer to the above is no, please visit PubEasy.com for more information and enrollment.

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.

In addition, if requesting a credit line over \$10,000, you will also need to attach the following documents:

Financial Statements: If you are requesting a credit line over \$10,000, please attach your complete annual reports for the past 2 fiscal years.

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.

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: _____



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SALES & USE TAX AFFIDAVIT

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.
Exempt institution or agency. Please indicate below the nature of your organization and attach a copy of your exemption letter or certificate:
Other authorized exemption. Please describe below:

Please insert your tax exemption certificate number and the date of issue in the following tax jurisdictions in which you are registered. If you do not supply the certificate number we are required by law to bill sales tax.

For States marked with an asterisk, we are required by law to retain a copy of the State's tax exemption certificate by law.

For accounts with credit limits over \$10,000, you must also include a copy of the State's tax exemption certificate for each State regardless if it's marked with an asterisk or not.

Table with 6 columns: State, Certificate #, Date of Issue, State, Certificate #, Date of Issue. Rows list states from AL to MS* and MO to WY*.

Company Name: Address

Authorized Signature: Title

Print Name: Date



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OPERATING PROCEDURES

If you are in agreement with our standard operation procedures, please simply sign below; if not, please explain.

- 1. Backorders for NYP (Not Yet Published Titles): Simon & Schuster, like most publishers, accepts orders for NYP titles prior to release. Consequently, S&S policy is to hold backorders for an extended period of time until the On Sale date.

If you have a specific cancellation date for NYP titles please note this on your Purchase Order otherwise S&S will hold NYP backorders indefinitely until the title is released. If you prefer a different cancellation date, please explain your requirements:

Two horizontal lines for providing requirements for NYP backorders.

- 2. Backorders for previously released titles (non-NYP): S&S's policy is to hold backorders for other than previously released titles for 30 days and then cancel if not released for shipment.

If you prefer a different time period, please explain your requirements:

Two horizontal lines for providing requirements for non-NYP backorders.

- 3. Combined Shipments: S&S's policy is to combine purchase orders when shipping and billing. Our invoice, pack list, and pick label will denote your purchase-order number for every line item in your shipment.

If you have special needs relative to this order combination process, please explain your requirements:

Two horizontal lines for providing requirements for combined shipments.

- 4. Shipment & Billing Documentation:

- For all non-wholesale customers: S&S's standard practice is to insert an invoice in the final carton of your shipment serving as your pack list. We will also mail a copy of the invoice to your bill to address separately. In the rare instance that we need to short ship your order, you will receive a pack list with your shipment instead of an invoice and the final invoice will be mailed to your bill to address.
• For wholesale customers: S&S will insert a pack list inside the final carton of your shipment and we will mail the invoice to your bill to address.

If you have special needs for shipping and billing document placement please explain your requirements:

Two horizontal lines for providing requirements for shipment and billing documentation.

- 5. Carton Rounding Rules:

- For all non-wholesale customers: S&S does not require that non-wholesale accounts order by full carton. If you wish to have all your orders rounded to full carton you may specify below.
• For all wholesale customers: Please note S&S requires that wholesale accounts MUST have all orders rounded to full carton quantities. Please select which of the following rounding rules you would like to participate in (if no selection is made, the default will be Rounding-Up):

Table with 4 columns: Rounding Type, If less than 1 carton is ordered, If more than 1 carton is ordered, Check one. Rows include F (Fifty-Fifty), S (Soft-Rounding), U (Rounding-Up), and E.

I confirm my understanding and acceptance of S&S standard operating procedures except for the special requirements that I noted above.

Authorized Signature: _____ Print Name: _____

Company Name: _____ Date: _____



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OPENING ORDER FORM

Please complete the following order form, or send us your order on your own form. Total order must be a minimum of \$500.00 gross retail value for retailers, and a minimum of \$1,000.00 gross retail value for wholesalers. 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. #: |
|-------------------|

| S H I P T O | *ACCOUNT NAME | B I L L T O | *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 | EXTENDED RETAIL VALUE (Quantity * Retail Price) |
|------------|--------|---------------|--------------|--|
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|-----------------|--------|-------|-------------|--|
| | | | ORDER TOTAL | |
| * PREPARED BY : | TEL. # | DATE: | | |



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DISTRIBUTOR/WHOLESALE AFFIDAVIT FORM

*The following letter must be reproduced on your company letterhead.
Required only if you are a distributor/wholesaler.*

Simon & Schuster
ATTN: Customer Operations – Account Maintenance
100 Front Street
Riverside, NJ 08075-7500

This statement describes the present character and method of conduct of our business as a wholesaler of the books we purchase from you.

We represent that the books we purchase from Simon & Schuster are sold (not consigned) and ownership in them is transferred to retailers, in which neither we nor anyone owning or controlling us has any direct or indirect management supervision or control, proprietary interest or stock ownership. We do not sell or otherwise transfer the books we purchase from Simon & Schuster to a retailer, which owns or controls us or has any direct management supervision or control, proprietary interest or stock ownership in our business. Further, we do not sell the books we purchase from Simon & Schuster directly to consumers or other end-users.

We agree to furnish Simon & Schuster annually or at any other reasonable interval as requested by Simon & Schuster, an affidavit setting forth the character and method of conduct of our business as such time and for the period elapsed from our furnishing Simon & Schuster this or any subsequent affidavit. We further agree to advise Simon & Schuster promptly of any changes in the present character and method of conduct of our business as wholesaler of books we purchase from Simon & Schuster. I hereby certify under penalties of perjury that the foregoing statements and representations are true and accurate.

AFFIANT NAME & SIGNATURE
TITLE
FIRM
ADDRESS
CITY, ST, ZIP CODE
TELEPHONE
FAX