



penguin group (usa)

Dear New Account Customer,

Thank you for your interest in opening an account with Penguin Group (USA). Enclosed you will find a credit application and an account status preference form.

To establish an account, you will need to fill out both forms and fax or mail them back to us with a copy of your resale certificate or tax I.D. How you select to set up your account with us determines your discount.

Returnable discount is 45% PGI or 46% DK
(Any unsold PGI or DK books may be returned for credit to your Penguin account).

Non-returnable discount is 50%.

We provide free freight on all standard shipping orders. We ship via FedEx Ground.

The 4 things you need to send back to us to open your account are:

1. Credit application filled out and signed.
(or attach your credit references and sign the application)
2. The returnable / non-returnable form completed and signed.
3. A copy of your re-sale certificate (visit <http://www.resaletax.com/index.html> to make sure you are sending the proper form)
4. Your initial order at \$500 retail (\$250 net) and a 25 book minimum PGI or 20 DK (they do not combine).

Once your account is opened, for re-orders, our minimums are as follows:
25 book minimum PGI or 20 DK (they do not combine).

Please note that we cannot open an account without an initial minimum order of \$500 retail.

If you have any questions, please do not hesitate to contact us. Also feel free to visit us online at <http://booksellers.penguin.com/> and download our recent and upcoming season's catalogs.

Thank you again for your consideration. We look forward to working with you.

penguin group (usa)

Inside Sales Division

800-847-5515

Fax: 607-775-4829

insidesales@us.penguin.com



PENGUIN GROUP (USA) AND DORLING KINDERSLEY PUBLISHING, INC. • CREDIT APPLICATION

PGI – 1 Grosset Dr. Kirkwood, NY 13795 • (800) 847-5515 • fax #: (607) 775-4829

BILL TO: (If ship to(s) different than bill to, please list on the back)

Company:	D & B #	Year established
Address:	City:	County:
State:	Zip:	Phone #
San #	Resale Certificate #	Fax#
Ownership: (circle one) Corporation Partnership Proprietorship Government owned Other (specify below)		

TRADE REFERENCES: (Please list 3 U.S. based if possible)

Name (1)	Phone #	Fax#
Address	City	State Zip
Country	Contact	Account #
Name (2)	Phone #	Fax#
Address	City	State: Zip
Country	Contact	Account #
Name (3)	Phone #	Fax#
Address	City	State Zip
Country	Contact	Account #

BANK REFERENCE: (U.S. based if possible)

Name	Phone #	Contact:
Address	City	State Zip
Account #	BANK routing #	

BUSINESS INFORMATION:

Accounts Payable contact:	Phone #
Please list any principals or affiliated companies who have previously done business with us:	

CIRCLE ONE (If applicable)

RSVP:	YES	NO
RETURNABLE:	YES	NO

PRINCIPALS:

Name	Title	Phone #
Home Address	City	State Zip Country
Name	Title	Phone #
Home Address	City	State Zip Country

Should this account, upon default, be collected by or through a collection agency/attorney the undersigned agrees to pay collection/attorney fees in addition to the principal indebtedness including interest. The application approval is at the full discretion of Penguin Group (USA) and/or Dorling Kindersley Publishing, Inc. Customers will be notified when the application is approved. To expedite the initial order please enclose a check with the application. Opening orders must meet a \$250 NET value. I hereby authorize Penguin Group and/or Dorling Kindersley Publishing, Inc, to review the information contained on this application and authorize our Bank and Trade references to release any requested information for the purpose of granting credit. I understand if a prepaid order is filled, this does not mean a permanent Penguin Group and/or Dorling Kindersley Publishing, Inc account has been established. To induce Penguin Group and/or Dorling Kindersley Publishing, Inc to accept this application, applicant acknowledges and represents that (1) Penguin Group and/or Dorling Kindersley Publishing, Inc shall have sole discretion to determine the terms of sale applicable to applicant's purchases and to modify or change such terms of sale from time to time, and (2) Penguin Group and/or Dorling Kindersley Publishing, Inc has not made any representation or promise to applicant concerning any such term of sale.

Name: _____ Title: _____
 (Signature)

Name: _____ Date: _____
 (Print Name)

FOR OFFICE USE ONLY

ACCOUNT TYPE: (circle one) **RETAILER** **DISTRIBUTOR** **OTHER:** _____

CC CODE: _____ DC CODE: _____ TERRITORY CODE(s) _____

RETURNABLE: (circle one) **YES** **NO** RSVP (circle one): **YES** **NO**

ACCOUNT # _____ ASSIGNED BY: _____ DATE: _____



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One Grosset Drive, Kirkwood New York 13795

Phone 800-847-5515 • Fax 607-775-4829

Returnable / Non-Returnable Form

Calendar Year : _____

Penguin Group Account NO. _____

Account Name: _____

Account Address: _____

Please Choose One : _____ RETURNABLE _____ NON-RETURNABLE

We elect the account status specified above for all Penguin Group (USA) orders (including all product lines and distribution clients) that begin January _____. To change from returnable to non-returnable status or vice versa, accounts must notify Penguin Group (USA) in writing before or at the time of the first order for the new calendar year. If no election is made, the first order will be processed on the same basis as the prior year's order. If an account changes status from non-returnable to returnable, no purchases made during the "non-returnable" year may be returned to Penguin Group (USA) any purchases made during the new "returnable" year are subject to advance authorization by appropriate Penguin Group (USA) representative throughout July 1 of the new "returnable" year.

Authorized Signature

Date

Title

Telephone