

# S&S New Account Application For PREPAID Accounts Only



ACCOUNT NUMBER * To be filled in by Accounts Maintenance										
Legal Name of Company:										
DBA:										
Are you an author? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is this for an event? <input type="checkbox"/> Yes <input type="checkbox"/> No Event Date _____					
<input type="checkbox"/> <b>RUSH *</b> * - A need by date is needed if the Rush box is checked.					<b>Need By Date:</b>					
					M	M	D	D	Y	Y
BILL TO					SHIP TO (If different than Bill To)					
ACCOUNT NAME:					ACCOUNT NAME:					
ADDRESS 1:					ADDRESS 1:					
ADDRESS 2:					ADDRESS 2:					
CITY/STATE/ZIP:					CITY/STATE/ZIP:					

One of the following, Taxable or Tax Exempt, **must** be selected or form will be returned.

**Taxable?**                       **Tax Exempt?**  *MUST fill out page 2 for each state in which you ship.*

This Portion to be completed by Sales Rep			
Sales Rep:			
Account Discount Class (3 Digits):	Account Class (5 Digits):	Account Description:	Returnable? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Mail or Fax application & initial order to:**

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

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

Email: bookselleraccounts@SimonandSchuster.com  
 \*NOTE Initial Order **must** be attached.

**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



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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.

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 *		

Company Name: \_\_\_\_\_ Address \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

