

INFORMATION FOR TRADE RECOGNITION

In order to establish you as a distributor for Herald Press material with a revolving account, please complete all the applicable questions and return promptly. All information is confidential.

EXACT BUSINESS NAME _____ PHONE _____

ADDRESS _____ FAX _____ E-MAIL _____

CITY _____ STATE/PROV _____ CODE _____

How long has this business been in operation? _____

Type of ownership: Proprietor () Partnership () Corporation ()

Do you have a vendor's license? () Yes () No If yes, give number _____

NAME OF OWNER OR MANAGER OF STORE _____

NAME OF BOOK BUYER _____

TYPE OF BUSINESS:

- Check those which best describe your operation
- () Retail store in main business district, open to public
 - () Full-time retail store in shopping center
 - () Full-time retail store outside of business district
 - () Religious book or supply department in large retail store
 - () Showroom of store in home
 - () Mail-order business only
 - () Agent or door to door
 - () Book table in church

How many employees? _____ Full time. _____ Part time.
Please include yourself if you work in the store.

MOST OF YOUR BUSINESS IS DONE:

- () Over the counter
- () By mail
- () Personal solicitation or canvassing

SIZE OF STORE: _____ ft. x _____ ft.

Store hours: from _____ to _____

Number of days open per week _____

Do you own (), or rent () your place of business?

PRODUCT LINE:

- Check those which best describe your line
- () Religious books
 - () Children's books
 - () General books
 - () Bestsellers only
 - () Stationery, novelties
 - () VBS or Sunday school supplies
 - () Other _____

CLIENTELE:

- () Members of church
- () With the general public
- () With a special group
- () Student
- () Other _____

HOW DO YOU PROMOTE THE BUSINESS

- () Mail solicitations
- () Newspaper/Radio
- () Personal solicitations
- () Catalog
- () Other _____

CREDIT REFERENCES--please attach bank information in addition to the requested references below.

NAME _____ Average Discount Allowed _____ Length of Contact _____

ADDRESS _____ Account Number _____ Phone _____

_____ Fax _____

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ADDRESS _____ Account Number _____ Phone _____

_____ Fax _____

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ADDRESS _____ Account Number _____ Phone _____

_____ Fax _____



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