



**NEW ACCOUNT APPLICATION      ATTACH Order**  
**WATERBROOK MULTNOMAH SPECIAL MARKETS SALES**

**RANDOM HOUSE INC**

**BILLING ADDRESS**

**SHIPPING ADDRESS**

BUSINESS NAME:		BUSINESS NAME:	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
PHONE:	FAX:	PHONE:	FAX:
EMAIL ADDRESS:		EMAIL ADDRESS:	
ACCOUNTS PAYABLE CONTACT INFORMATION:		NAME:	PHONE #:
		EMAIL ADDRESS:	

IF YOUR BUSINESS IS A SUBSIDIARY, PLEASE LIST PARENT COMPANY NAME AND ADDRESS

\_\_\_\_\_

**OWNERSHIP:** (CHECK ONE)  Corporation  Partnership  Sole Proprietorship, SSN \_\_\_\_\_  
 Government Owned  Other (Please Specify) \_\_\_\_\_  
 Federal ID Number \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPALS/OFFICERS:

\_\_\_\_\_

\_\_\_\_\_

LENGTH OF PRESENT OWNERSHIP \_\_\_\_\_ HAVE THE OWNERS PREVIOUSLY OPENED AN ACCOUNT WITH BDD/RH?  
 Yes  No IF YES, UNDER WHAT NAME? \_\_\_\_\_

BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ OFFICER \_\_\_\_\_ A/C# \_\_\_\_\_

**TYPE OF BUSINESS:**  SPECIALTY (GIFT)  OTHER (PLEASE SPECIFY) \_\_\_\_\_

**CREDIT REFERENCES:**

NAME	ACCOUNT #	EMAIL ADDRESS	PHONE #

**IF YOUR BUSINESS IS LESS THAN ONE YEAR OLD, OR IF YOU EXPECT CREDIT IN EXCESS OF \$10,000. A FINANCIAL STATEMENT IS REQUIRED. PLEASE ATTACH IT TO THIS APPLICATION.**

By completing this credit application you are affirming financial responsibility, ability and willingness to pay invoices in accordance with applicable Purchase Orders and our published Terms of Sale. You authorize Random House to verify and collect information including but not limited to bank and trade references. If approved, you will be extended credit throughout Random House. Random House reserves the right to revoke credit at any time. In the event of non-payment according to our Terms of Sale; you are responsible for any late fees, finance charges, collection fees and/or legal fees incurred.

**SIGNATURE**

I certify this information to be true and accurate. I authorize RH to review and verify the information contained above and authorize our bank and trade references to release any requested information for purposes of granting credit.

(SIGNED: Principal/Officer, Title)

(Date)

**OPENING ORDER (MINIMUM \$500 RETAIL COST) MUST BE ATTACHED TO THE APPLICATION**

WE ARE UNABLE TO OPEN YOUR ACCOUNT UNLESS WE HAVE YOUR FIRST ORDER ATTACHED

FOR INTERNAL USE: REP CODE \_\_\_\_\_ CUSTOMER CLASS \_\_\_\_\_ PRICE GROUP \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

04/2010