

Standard Publishing
INTERNATIONAL TRADE APPLICATION FOR DEALERSHIP

Our goal is to give you prompt, uninterrupted service. To do this, it is important that you accurately provide all the information requested below. This information will be handled as confidential and will be used only as necessary for us to properly serve your needs.

Please print or type.

Exact name of business _____ **Business phone** _____ **fax** _____

Business address _____ **e-mail address** _____

_____ **Contact (English speaking)** _____

Country _____ **Business establish date** _____

Business Class: Proprietorship Partnership Corporation Non-profit Corporation Business Trust Other

Business Type: Retail store or chain Wholesale distributor Mail order or Catalog House Other _____

Gross sales last year \$ _____ **Anticipated sales for this year \$** _____

List the full names, addresses, phone/fax and e-mail addresses for the officers of your business:

Name _____, **title** _____ **Phone/Fax#** _____ **e-mail address** _____

Home address _____

Name _____, **title** _____ **Phone/Fax#** _____ **e-mail address** _____

Home address _____

Name _____, **title** _____ **Phone/Fax#** _____ **e-mail address** _____

Is this business under common ownership with another (a parent company)? If so, please list the name and address of the company.

Ship to -or- forwarder's address _____

Typical shipping time needed to receive shipments from the United States would be _____.

Please provide the business banking information:

Name of Bank _____ **Contact** _____ **Phone#** _____

Address _____ **Fax#** _____

Checking account # 's _____ **Loan account #** _____

Do you have a line of credit with your bank? If so, how much? _____

Please list suppliers in the United States with whom you have established credit and with which you continue to do business:

Name of supplier	location	suppliers phone #	your account # with that supplier	phone# or fax#

Terms of Sale:

In general, payment is due 90 days from the date of the invoice (also the shipping date). The undersigned is responsible for all collection fees, court costs, and legal fees that be incurred to collect delinquent balances.

To the best of my knowledge, the information provided in this application is complete and accurate. I understand that this information has been provided to Standard Publishing for the purpose of obtaining credit and I authorize Standard Publishing to contact our bank and any supplier listed above for this purpose. I, being authorized in my capacity to bind this business accordingly, agree to the terms and conditions outlined above and will abide by same.

_____ **Title** _____ **Date** _____
Authorized signature

(printed signature)

**please note that a signature is required before open terms can be granted.*
****Mail to: Standard Publishing 8805 Governor's Hill Drive, Suite 400 Cincinnati, OH 45249 USA**