

# NEW ACCOUNT INFORMATION

## WORKMAN PUBLISHING

225 VARICK STREET  
NEW YORK, NY 10014-4381  
www.workman.com

(212) 254-5900 or (800) 722-7202  
Credit Dept. Fax: (212) 674-5792  
Book Store Order Dept. Fax: (800) 521-1832  
Gift Store Order Dept. Fax: (800) 344-3482

Kindly fill out credit reference information with your first order. Please include both bank and trade references. We do not ship C.O.D.; however, prepayment in your first order will ensure prompt delivery.

**Type of business:**     Book     Gift     Gourmet     Toy     Wholesale     Other

Resale I.D.# \_\_\_\_\_

Account name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Fax \_\_\_\_\_

Owner \_\_\_\_\_

Buyer \_\_\_\_\_

**Bank Reference** \_\_\_\_\_

Officer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Account # \_\_\_\_\_

City \_\_\_\_\_

**I authorize you to release information to Workman Publishing Company, Inc.**

\_\_\_\_\_  
(authorized signature)

Name Printed \_\_\_\_\_

### Suppliers

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Account # \_\_\_\_\_

Please note companies with which you have **Net 30 terms**.

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Andrews & McMeel | <input type="checkbox"/> Department 56 | <input type="checkbox"/> Potpourri Press | <input type="checkbox"/> Random House |
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